

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000019219

1. Entity Name
MISSISSIPPI RODNEY LANDS, LLC



Principal Place of Business
**3185 THOMAS DRIVE
BONIFAY, FL 32425-4239**

Mailing Address
**3185 THOMAS DRIVE
BONIFAY, FL 32425-4239**

DO NOT WRITE IN THIS SPACE



02082005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
26-0030343

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**JERNIGAN, JOSEPH H JR.
3185 THOMAS DRIVE
BONIFAY, FL 32425-4239**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JERNIGAN, JOSEPH H JR.
STREET ADDRESS	POST OFFICE BOX 728
CITY-STATE-ZIP	GRACEVILLE, FL 324400728
TITLE	MGRM
NAME	HILDRETH, EMMETT F JR.
STREET ADDRESS	POST OFFICE BOX 1673
CITY-STATE-ZIP	SANTA ROSA BEACH, FL 324591673
TITLE	MGRM
NAME	JACKSON, ROBERT T
STREET ADDRESS	205 HILLENDALE DRIVE
CITY-STATE-ZIP	HATTIESBURG, MS 394022060
TITLE	MGRM
NAME	HATCHER, ROBERT D
STREET ADDRESS	13350 HIGHWAY 53
CITY-STATE-ZIP	MARBLE HILL, GA 301482214
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #