

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 18, 2006 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



01102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2006

9. MANAGING MEMBERS/MANAGERS

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

01/23/06-80014-012 \$5.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

1-13-06 (850) 547-5733