

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 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**



01222007 No 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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

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

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04/18/07-80009-023 55.00

**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 #