

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000890

FILED
Apr 30, 2004
Secretary of State

Entity Name: DEEP SOUTH TIMBER, LLC

Current Principal Place of Business:

15924 CR 108
HILLIARD, FL 32046

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1319
HILLIARD, FL 32046

New Mailing Address:

FEI Number: 30-0016953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANT, ABRAHAM, REITER & MCCORMICK, P.A.
50 NORTH LAURA STREET, SUITE 2750
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: JOHNS & CONNER, INC.,
Address: ROUTE 4, BOX 7675
City-St-Zip: HILLIARD, FL 32046

Title: MGRM () Delete
Name: JOHNS, KEVIN
Address: ROUTE 4, BOX 7675
City-St-Zip: HILLIARD, FL 32046

Title: MGRM () Delete
Name: CONNER, GANNON
Address: ROUTE 4, BOX 7675
City-St-Zip: HILLIARD, FL 32046

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEVIN JOHNS

MGRM

04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date