

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000890

FILED  
Mar 30, 2009  
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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JOHNS, KEVIN  
Address: 15924 CR 108  
City-St-Zip: HILLIARD, FL 32046

Title: MGRM ( ) Delete  
Name: CONNER, GANNON  
Address: 100 LASALLE STREET  
City-St-Zip: FOLKSTON, GA 31537

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JOHNS, KEVIN  
Address: 28244 POND VIEW CIRCLE  
City-St-Zip: HILLIARD, FL 32046

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHARLES K JOHNS

OWNE

03/30/2009

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