
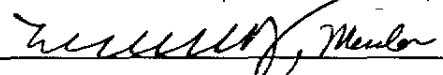


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

| | | |
|---|--|---|
| DOCUMENT # L02000006081 | | |
| 1. Entity Name THAYENDANEGBA TIMBER, LLC | | |
| Principal Place of Business 1365 CADDELL DRIVE JACKSONVILLE, FL 32217 | | Mailing Address 1365 CADDELL DRIVE JACKSONVILLE, FL 32217 |
| | |  |
| | | 01182005 No Chg-LLC CR2E083 (10/03) |
| 4. FEI Number 61-1408740 | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | |
| BRANT, ABRAHAM, REITER & MCCORMICK, P.A. 50 NORTH LAURA STREET, SUITE 2750 JACKSONVILLE, FL 32202 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | |
| 9. MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BRANT, WILLIAM P 1365 CADDELL DRIVE JACKSONVILLE, FL 32217 | UD00000191086 01/24/05-60158-011 50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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| 11. I hereby certify that the information supplied with this filing does not qualify 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 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 | | 1/20/05 Date Daytime Phone # |