


# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN -8 AM 9:58

<b>DOCUMENT # L02000006831</b> 1. Entity Name BRYCEVILLE TIMBER, LLC					
Principal Place of Business 1200 RIVERPLACE BLVD., #902 JACKSONVILLE, FL 32207			Mailing Address P.O. BOX 23627 JACKSONVILLE, FL 32241		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 1200 Riverplace Blvd Suite, Apt. #, etc. Suite 902 City & State Jacksonville, FL Zip 32207		05162006 Chg-LLC CR2E083 (11/05) 4. FEI Number 02-0569290	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCCORMACK, JAMES E 9540 SAN JOSE BLVD JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name Brian Brown Street Address (P.O. Box Number is Not Acceptable) 1200 Riverplace Blvd. #902 City Jacksonville FL Zip Code 32207		
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 <i>[Signature]</i> 5/24/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M WILSON, KENNETH P 9540 SAN JOSE BLVD JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President R. Lee Smith 1200 Riverplace Blvd #902 Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LUEDERS, JACK C JR 9540 SAN JOSE BLVD JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Arthur L. Cahoon 1200 Riverplace Blvd #902 Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MCCORMACK, JAMES E 9540 SAN JOSE BLVD JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400076304254 06/19/06--01005--010 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, KENNETH P 9540 SAN JOSE BLVD JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUEDERS, JACK C JR 9540 SAN JOSE BLVD JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCORMACK, JAMES E 9540 SAN JOSE BLVD JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	