


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

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| DOCUMENT # L02000015218 1. Entity Name ROBSON LOGGING, LLC |  |
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| Principal Place of Business HWY 351 N. 1 MILE CROSS CITY, FL 32628 | Mailing Address P.O. BOX 2127 CROSS CITY, FL 32628 |
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DO NOT WRITE IN THIS SPACE



04212004 No Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 13-4203277 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent ROBSON, WILLIAM FRANKL HWY 351 N. 1 MILE CROSS CITY, FL 32628 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

000000133593
04/27/04-40095-016 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | P ROBSON, WILLIAM F HWY 351 N 1 MILE CROSS CITY, FL 32628 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | P ROBSON, RICKY PO BOX 424 CROSS CITY, FL 32628 |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: William Franklin Robson **4-26-04 352-498-3888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #