

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000022626

1. Entity Name
MOUNTAIN LANDS, LLC



Principal Place of Business
3185 THOMAS DRIVE
BONIFAY, FL 32425-4239

Mailing Address
3185 THOMAS DRIVE
BONIFAY, FL 32425-4239



01222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0756254

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

JERNIGAN, JOSEPH H JR.
3185 THOMAS DRIVE
BONIFAY, FL 32425-4239

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JERNIGAN, JOSEPH H JR.
STREET ADDRESS	PO BOX 728
CITY-ST-ZIP	GRACEVILLE, FL 324400728
TITLE	MGRM
NAME	HILDRETH, EMMETT F JR.
STREET ADDRESS	PO BOX 1673
CITY-ST-ZIP	SANTA ROSA BEACH, FL 324591673
TITLE	MGRM
NAME	JACKSON, ROBERT T
STREET ADDRESS	205 HILLENDALE DRIVE
CITY-ST-ZIP	HATTIESBURG, MS 394022060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Joseph H. Jernigan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #