2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90116 025 ***138.75

DOCUMENT # L03000000773

1. Entity Name
WOOD TREATERS, LLC

Principal Place of Business	Mailing Address
2610 FAIRFAX ST JACKSONVILLE, FL 32207 US	P.O. BOX 41604 JACKSONVILLE, FL 32203

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01152008 Chg-LLC CR2E083 (12/06)

4. FEI Number 47-0903719 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HILL, STAN W 2610 FAIRFAX STREET JACKSONVILLE, FL 32209	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	P ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	WOERNER, NORMAN L	NAME	
STREET ADDRESS	12990 COUNTY ROAD 95	STREET ADDRESS	14710 County Road 87
CITY-ST-ZIP	ELBERTA, AL 36530	CITY-ST-ZIP	
TITLE	VPS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HILL, STAN W	NAME	
STREET ADDRESS	2610 FAIRFAX STREET	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Stan W. Hill 1/16/08 904-358-2507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Stan W. Hill