## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L03000009289**

1. Entity Name
JOINER LAND CLEARING, LLC



Principal Place of Business

1417 GOVERNMENT FARM ROAD MONTICELLO, FL 32344 Mailing Address
1417 GOVERNMENT FARM ROAD
MONTICELLO, FL 32344

## FILED Apr 06, 2005 8:00 am Secretary of State

04-06-2005 90023 047 \*\*\*\*50.00

20026334

Fee Required



DO NOT WRITE IN THIS SPACE

03182005 No Chg-LLC	CR2E083 (10/03)

4. FEI Number Applied For 11-3679945 Not Applicable

5. Certificate of Status Desired 55.00 Additional

6. Name and Address of Current Registered Agent

JOINER, DONALD F SR 1417 GOVERNMENT FARM ROAD MONTICELLO, FL 32344

SIGNATURE:

## DO NOT WRITE 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 registrated agent and title # applicable. (NOTE: Registered Agent signature required when reinstating)  DATE		
Filing Fee is \$50.00 Due by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOINER, DON F 1417 GOVERNMENT FARM RD MONTICELLO, FL 32344	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZEP		
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)(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 ceth; 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.