

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019490

Entity Name: LEVY TIMBER, LLC

FILED
Feb 05, 2007
Secretary of State

Current Principal Place of Business:

6753 GARDEN ROAD
SUITE 109
RIVIERA BEACH, FL 33404 US

New Principal Place of Business:

Current Mailing Address:

6753 GARDEN ROAD
SUITE 109
RIVIERA BEACH, FL 33404 US

New Mailing Address:

FEI Number: 43-2021321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURNEY, JAMES L JR
6753 GARDEN ROAD SUITE 109
RIVIERA BEACH, FL 33404 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BURNEY, JAMES L JR
Address: 8647 SE OLEANDER STREET
City-St-Zip: HOBE SOUND, FL 33455 US

Title: MGRM () Delete
Name: OLSON, TODD J
Address: 9675 ILEX CIRCLE NORTH
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: MGRM () Delete
Name: GILLENWALTERS, SHARON L
Address: 16351 SW PINTO ST
City-St-Zip: INDIANTOWN, FL 34956 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHARON GILLENWALTERS

MGRM

02/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date