2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# L03000027256

Entity Name: WARWICK LOGGING LLC

Current Principal Place of Business:

129-B PUTNAM CO. BLVD.
EAST PALATKA, FL 32131

New Principal Place of Business:

Current Mailing Address:

PO BOX 143
EAST PALATKA, FL 32131

New Mailing Address:

FEI Number: 56-2400059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BECK, SUZANNE L
652 SOUTH COUNTY RD 315
INTERLACHEN, FL 32148 US

Name and Address of New Registered Agent:

WARWICK, AMY L
114 WARDS RD
PALATKA, FL 32177 US

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: AMY LYNN WARWICK 05/02/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WARWICK, D. BIANE
Address: PO BOX 143
City-St-Zip: EAST PALATKA, FL 32131

Title: MGR (X) Delete
Name: WARWICK, V. SHELIAH
Address: PO BOX 143
City-St-Zip: EAST PALATKA, FL 32131

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WARWICK, D. BLANE
Address: PO BOX 143
City-St-Zip: EAST PALATKA, FL 32131

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: D. BLANE WARWICK MGR 05/02/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date