2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # L03000044144

1. Entity Name
CREEK BOTTOM TIMBER, L.L.C.

Principal Place of Business	Mailing Address
1907 HIGHWAY 71 MARIANNA, FL 32448	1907 HIGHWAY 71 MARIANNA, FL 32448

DO NOT WRITE IN THIS SPACE

04192007No Chg-LLC CR2E083 (11/05)

4. FEI Number
90-0138607

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAGGETT, LARRY L
1907 HIGHWAY 71
MARIANNA, FL 32448

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

U00000757890
05/23/07-80090-001 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BAGGETT, LARRY L
STREET ADDRESS	1907 HIGHWAY 71
CITY-ST-ZIP	MARIANNA, FL 32448
TITLE	MGRM
NAME	MADDOX, SHANNON
STREET ADDRESS	1396 HIGHWAY 71
CITY-ST-ZIP	MARIANNA, FL 32448
TITLE	MGRM
NAME	MADDOX, SARAH
STREET ADDRESS	1396 HIGHWAY 71
CITY-ST-ZIP	MARIANNA, FL 32448
TITLE	MGRM
NAME	BAGGETT, CAROLYN
STREET ADDRESS	1907 HIGHWAY 71
CITY-ST-ZIP	MARIANNA, FL 32448
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/28/07 850-896-8910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #