

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90021 018 \*\*\*\*50.00

**DOCUMENT # L03000049869**

1. Entity Name  
CENTRAL FLORIDA TIMBER, L.L.C.



Principal Place of Business  
5529 U.S. HIGHWAY 98 NORTH  
LAKELAND, FL 33809

Mailing Address  
5529 U.S. HIGHWAY 98 NORTH  
LAKELAND, FL 33809

20022383



01062006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
57-1206687

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SAUNDERS, JOE L  
5529 U.S. HIGHWAY 98 NORTH  
LAKELAND, FL 33809

**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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	SAUNDERS, JOE L
STREET ADDRESS	5529 U.S. HIGHWAY 98 NORTH
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	MGRM
NAME	WILHELMAS, KENNETH F <i>WILHELMAS</i>
STREET ADDRESS	5529 US HWY 98 N
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	MGRM
NAME	SAUNDERS, LIEIE
STREET ADDRESS	5529 US HWY 98 N
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	MGRM
NAME	SAUNDERS, RICHARD A
STREET ADDRESS	5529 US HWY 98 N
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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** *Joe L. Saunders*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date *5-17-06*

Daytime Phone #