

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90072 037 ****50.00

DOCUMENT # L03000055708 1. Entity Name BIG BEND TIMBER SERVICES, LLC																																															
Principal Place of Business 2182 SOUTH JEFFERSON STREET MONTICELLO, FL 32344 US			Mailing Address PO BOX 15 MONTICELLO, FL 32345 US																																												
2. Principal Place of Business		3. Mailing Address																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																													
City & State		City & State		01122005 Chg-LLC CR2E083 (10/03)																																											
Zip		Country		4. FEI Number 20-0523131																																											
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																											
6. Name and Address of Current Registered Agent WALTON, JERRY 2182 SOUTH JEFFERSON STREET MONTICELLO, FL 32344				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																																											
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 mandating)																																															
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 2px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 2px;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 55%; padding: 2px;"> MGR WALTON, JERRY 2182 SOUTH JEFFERSON STREET MONTICELLO, FL 32344 </td> <td style="width: 10%; text-align: right; padding: 2px;">☐ Delete</td> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 55%; padding: 2px;"></td> <td style="width: 10%; text-align: right; padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"> MGR WALTON, SALLY 2182 SOUTH JEFFERSON STREET MONTICELLO, FL 32344 </td> <td style="text-align: right; padding: 2px;">☐ Delete</td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"> MGR WALTON, JERRY P 2182 SOUTH JEFFERSON STREET MONTICELLO, FL 32344 </td> <td style="text-align: right; padding: 2px;">☐ Delete</td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"> MGR WALTON, BEN 2182 SOUTH JEFFERSON STREET MONTICELLO, FL 32344 </td> <td style="text-align: right; padding: 2px;">☐ Delete</td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;">☐ Delete</td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;">☐ Delete</td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;">☐ Change ☐ Addition</td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WALTON, JERRY 2182 SOUTH JEFFERSON STREET MONTICELLO, FL 32344	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WALTON, SALLY 2182 SOUTH JEFFERSON STREET MONTICELLO, FL 32344	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WALTON, JERRY P 2182 SOUTH JEFFERSON STREET MONTICELLO, FL 32344	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WALTON, BEN 2182 SOUTH JEFFERSON STREET MONTICELLO, FL 32344	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
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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 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: _____ 2/18/05 850-510-2555 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																															