2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012581

8999 U.S HWY 19, SOUTH

PERRY, FL 32348

Address:

City-St-Zip:

Entity Name: W.W. TIMBER, LLC

FILED Jul 24, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8999 U.S. HWY 19, SOUTH PERRY, FL 32348 **Current Mailing Address: New Mailing Address:** 8999 U.S. HWY 19, SOUTH PERRY, FL 32348 FEI Number: 20-0678993 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () 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: Name and Address of New Registered Agent: WARD, KRISTOPHER D 8999 U.S. HWY 19, SOUTH PERRY, FL 32348 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete WARD, KRISTOPHER D Name: Name: Address: 8999 U.S HWY 19, SOUTH Address: City-St-Zip: PERRY, FL 32348 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WARD, KRISTOPHER D Name: Name: Address: 8999 U.S HWY 19, SOUTH Address: City-St-Zip: PERRY, FL 32348 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition WARD, DEXTER TYLER Name: WARD, DOUG Name:

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.

Address:

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SIGNATURE: DOUG WARD MANA 07/24/2006