2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

04-18-2005 90073 047 ****50.00

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1. Entity Name
NATURE COAST TIMBER, LLC

Principal Place of Business	Mailing Address
4809 EAST COUNTY ROAD 466 OXFORD, FL 34484-0370	4809 EAST COUNTY ROAD 466 OXFORD, FL 34484-0370

02222005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
3649 CR 214		PO Box 469	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Oxford, FL		City & State: Oxford, FL	
Zip: 34484	Country: USA	Zip: 34484	Country: USA

4. FEI Number: 20-0913151 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAILEY, JAMES A 4809 EAST COUNTY ROAD 466 OXFORD, FL 34484-0370	Name: Bailey, James A Street Address (P.O. Box Number is Not Acceptable): 3649 CR 214 City: Oxford FL Zip Code: 34484

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR C.W. BAILEY, JR. CORP. ~~4809 EAST COUNTY ROAD 466~~ OXFORD, FL 344840370	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3649 CR 214	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR J.A. BAILEY CORP. ~~4809 EAST COUNTY ROAD 466~~ OXFORD, FL 344840370	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3649 CR 214	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #