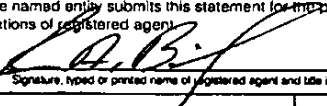
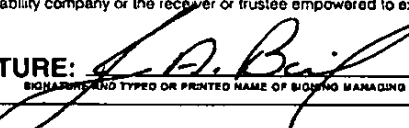


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L04000022499			
1. Entity Name NATURE COAST TIMBER, LLC			
Principal Place of Business 4809 EAST COUNTY ROAD 466 OXFORD, FL 34484-0370		Mailing Address 4809 EAST COUNTY ROAD 466 OXFORD, FL 34484-0370	
2. Principal Place of Business 3649 CR 214		3. Mailing Address 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		02222005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent BAILEY, JAMES A 4809 EAST COUNTY ROAD 466 OXFORD, FL 34484-0370		7. Name and Address of New Registered Agent 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	
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	☒ Change ☐ Addition 3649 CR 214
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	☒ Change ☐ Addition 3649 CR 214
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
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
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: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	