

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051097

FILED  
Apr 13, 2007  
Secretary of State

Entity Name: H&P TIMBER, LLC

**Current Principal Place of Business:**

3649 CR 214  
OXFORD, FL 34484

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 469  
OXFORD, FL 34484

**New Mailing Address:**

FEI Number: 61-1473248

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAILEY, JAMES A  
3649 CR 214  
OXFORD, FL 34484 US

**Name and Address of New Registered Agent:**

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:**

Title: MGRM ( ) Delete  
Name: BAILEY BROTHERS, INC,  
Address: BOX 469  
City-St-Zip: OXFORD, FL 34484

Title: MGRM ( ) Delete  
Name: JORDAN & JORDAN,  
Address: 16610 HIGHWAY 301 NORTH  
City-St-Zip: DADE CITY, FL 33526

Title: MGRM ( ) Delete  
Name: MELTON BROTHERS TINK, ER, INC.  
Address: 21616 LOCKHART ROAD  
City-St-Zip: DADE CITY, FL 33526

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JAMES A BAILEY

MGR

04/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date