

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051437

FILED
Apr 06, 2005
Secretary of State

Entity Name: BROKEN ARROW LAND & TIMBER, L.L.C.

Current Principal Place of Business:

2143 NE 2ND STREET
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

2143 NE 2ND STREET
OCALA, FL 34470

New Mailing Address:

FEI Number: 20-1354353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPUTERIZED ACCOUNTING & TAX SPECIALIST,
2201 SW COLLEGE ROAD, SUITE #5
OCALA, FL 34474 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/MEMBERS:

Title: MGR () Delete
Name: FIELDING, JAMES H
Address: 2143 NE 2ND STREET
City-St-Zip: Ocala, FL 34470

Title: MGR () Delete
Name: CICCHELLA, TIM P
Address: 2143 NE 2ND STREET
City-St-Zip: Ocala, FL 34470

Title: S () Delete
Name: NAGELE, BRIAN C
Address: 2143 NE 2ND STREET
City-St-Zip: Ocala, FL 34470

Title: T () Delete
Name: LENZ, CARL G
Address: 2143 NE 2ND STREET
City-St-Zip: Ocala, FL 34470

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: NAGELE, BRIAN C
Address: 2143 NE 2ND STREET
City-St-Zip: Ocala, FL 34470

Title: MGR (X) Change () Addition
Name: LENZ, CARL G
Address: 2143 NE 2ND STREET
City-St-Zip: Ocala, FL 34470

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARL LENZ

MGR

04/06/2005

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