



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L04000074819 1. Entity Name SIMMONS BROTHERS LOGGING, LLC	
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Principal Place of Business 2973 SIMMONS LANE PONCE DE LEON, FL 32455	Mailing Address 2973 SIMMONS LANE PONCE DE LEON, FL 32455
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DO NOT WRITE IN THIS SPACE


03192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1746094	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SIMMONS, JOHN HENRY
2973 SIMMONS LANE
PONCE DE LEON, FL 32455**

**DO NOT WRITE
IN THIS SPACE**

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 *John Henry Simmons* **33007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMMONS, JOHN HENRY 2973 SIMMONS LANE PONCE DE LEON, FL 32455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMMONS, WILBER 1796 SHADY CIRCLE PONCE DE LEON, FL 32455
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**U000000723872
05/02/07-80088-023 55.00**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *John Henry Simmons* **33007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #