2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State 04-27-2006 90015 025 ****50.00

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DOCUMENT # L05000019939 1. Enlity Name MICKEY JOHNSON LOGGING, LLC								04-27-2006	5 9001 5 ()25 ****5	50.00
Principal Place of Busi	ness	Mailing Address	Mailing Address						•		
289 N.E. 223RD AVE CROSS CITY, FL 326		P.O. BOX 820 CROSS CITY, FL 32628			4 (554)			., 6-			
2. Principal Place of E	usiness	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			0105200	6	Chg-LLC	CR2E0	83 (11/05)		
City & State		City & State			4. FEI Nur 20 -	nber 41	<u> </u>	L		plied For t Applicable	
Zip	Country	Zip	Coun	try		5. Certificate of Status Desired					
6. N	ame and Address of Current	Registered Agent				7. Name a	nd Ad	Idress of New R	tegistered /	\gent	
JOHNSON, MICH	FY J			Name							
289 N.E. 223RD CROSS CITY, FL	AVE.			ddress (F	O. Box Nur	nber is	Not Acceptable	э)			
011000 0111,11	02020										
				City					FL	Zip Code	9
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
							T		· · · · · · · · · · · · · · · · · · ·		
Filing Fo	ee is \$50.00 May 1, 2006								e check p a Departm	ayable to ent of State)
9.	MANAGING MEMBE	RS/MANAGERS	10.					ADDITIONS	CHANGES		
STREET ADDRESS P.O.B	SON, MICKEY J DX 820 S CITY, FL 32628	☐ Defate			Mic Po.	Key Ti Box B 4 Citu	23	Johns 350 No FL. 326	on € 2a3° 28	☑ Change ☑ Ave	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STRE		,	<i>y</i> (.1 • •) <u>, </u>			Change	Addition
CITY-ST-ZIP				ST-ZIP			_	- .		 	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete								☐ Changé	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAMI STRE							☐ Change	Addition
CITY-ST-ZIP		. <u> </u>	CITY	-ST-ZIP					٠		
TITLE NAME		Delete	TITLE NAMI							Change	Addition
STREET ADDRESS CITY-ST-ZIP				et address -St-Zip							
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete								☐ Change	Addition
11. I hereby certify that the information supplied with this filing does not quality 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.											

INCHES TO TOWN - MICKEY J. Johnson 4-25-06 352-498-095

ARINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Davisor & Davisor Province & Davisor Pr