FILED Apr 19, 2007 8:00 am Secretary of State 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L05000019939 1. Entity Name MICKEY JOHNSON LOGGING, LLC						04-19-2007	_		
Principal Plac	a of Business	Mailing Address			74.6	, u . v -			
289 N.E. 223 CROSS CITY,	3RD AVE.	P.O. BOX 820 CROSS CITY, FL 32628							
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2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02022007	Chg-LLC	CR2E0	83 (12/06)		
City & State		City & State		4. FEI Number 20-412			⊢	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered #	gent	
JOHNSON, MICKEY J				Name					
289 N.E. 223RD AVE. CROSS CITY, FL 32628			Sı	Street Address (P.O. Box Number is Not Acceptable)					
	,								
			С	City	, <u></u> -		FL	Zip Cod	9
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registered of	iffice or register	ed agent, or bot	h, in the State of Flo	orida. Tam f	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if apolicable (NOTE	: Registered Age	eni signature required	when reinstating)		DATE		
	iling Fee is \$50.00					Mak	-	avable to	
Due by May 1, 2007					Make check payable to Florida Department of State				
					ł				
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
9.	MANAGING MEMBE	RS/MANAGERS Delete	10.		<u> </u>	ADDITIONS/	CHANGES	☐ Change	Addition
TITLE NAME	MGR JOHNSON, MICKEY J		_			ADDITIONS/	CHANGES	Change	Addition
TITLE NAME STREET ADDRESS	MGR JOHNSON, MICKEY J P.O.BOX 820		TITLE NAME STREET AD			ADDITIONS/	CHANGES	☐ Change	☐ Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, MICKEY J P.O.BOX 820 CROSS CITY, FL 32628	☐ Delele	TITLE NAME STREET AD CITY-ST-Z			ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR JOHNSON, MICKEY J P.O.BOX 820 CROSS CITY, FL 32628 MGRA		TITLE NAME STREET AD CITY-ST-Z			ADDITIONS/	CHANGES	☐ Change	Addition
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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 empty fered to execute this report as required by Chapter 608, Florida Statutes.

ON SIGNING MANAGING MANAGER, OR AUTHORZED REPRESENTATIVE Johnson SIGNATURE: TY WELLOW SIGNATURE AND TYPED OR PRINTED NAME

4-16-07