2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019939

Entity Name: MICKEY JOHNSON LOGGING, LLC

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

289 N.E. 223RD AVE. CROSS CITY, FL 32628

Current Mailing Address: New Mailing Address:

P.O. BOX 820 CROSS CITY, FL 32628

FEI Number: 20-4124852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JOHNSON, MICKEY J JOHNSON, MICKEY J MANAGER 289 N.E. 223RD AVE.
CROSS CITY, FL 32628 US JOHNSON, MICKEY J MANAGER 289 N.E. 223RD AVE.
CROSS CITY, FL 32628 US

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: MICKEY J. JOHNSON 04/24/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition Name: JOHNSON, MICKEY J MANAGER Address: P.O.BOX 820 Address: P.O.BOX 820

City-St-Zip: CROSS CITY, FL 32628 City-St-Zip: CROSS CITY, FL 32628

Title: MGRA () Delete Title: MGRA (X) Change () Addition Name: JOHNSON, MICKEY T Name: JOHNSON, MICKEY T CO-MGR Address: PO BOX 1895 350 NE 223RD AVE Address: PO BOX 1895 - 350 NE 223RD AVE

City-St-Zip: CROSS CITY, FL 32628 City-St-Zip: CROSS CITY, FL 32628

I hereby certify that the information supplied with this filing does not qualify 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: MICKEY J. JOHNSON MGR 04/24/2009