
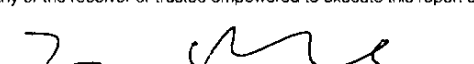


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90371 048 \*\*\*\*50.00

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<b>DOCUMENT # L05000021887</b>					
<b>1. Entity Name</b> TAYLOR TIMBERLANDS, LLC					
<b>Principal Place of Business</b> 9995 GATE PARKWAY N., STE. 400 JACKSONVILLE, FL 32246			<b>Mailing Address</b> 9995 GATE PARKWAY N., STE. 400 JACKSONVILLE, FL 32246		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-3873420	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
RITCH, TIM 9995 GATE PARKWAY N., STE. 400 JACKSONVILLE, FL 32246			Curley, Charles R Jr 1301 Riverplace Blvd Suite 1500 Jacksonville, FL 32207		
City			FL Zip Code		
<b>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.</b>					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ITERA TIMBERLAND & DEVELOPMENT STRATEGIES, 9995 GATE PARKWAY N., STE. 400 JACKSONVILLE, FL 32246		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM The Archer Group 9428 Baymeadows Road Suite 230 Jacksonville, FL 32256	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<b>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.</b>					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					