

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021887

FILED
Apr 17, 2008
Secretary of State

Entity Name: TAYLOR TIMBERLANDS, LLC

Current Principal Place of Business:

9995 GATE PARKWAY N., STE. 400
JACKSONVILLE, FL 32246

New Principal Place of Business:

9428 BAYMEADOWS ROAD
SUITE 230
JACKSONVILLE, FL 32256

Current Mailing Address:

9995 GATE PARKWAY N., STE. 400
JACKSONVILLE, FL 32246

New Mailing Address:

9428 BAYMEADOWS ROAD
SUITE 230
JACKSONVILLE, FL 32256

FEI Number: 20-3873420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURLEY, CHARLES R JR
1301 RIVERPLACE BLVD STE 1500
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ITERA TIMBERLAND & D, EVELOPMENT STR A TEGIES,
Address: 9995 GATE PARKWAY N., STE. 400
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM (X) Delete
Name: THE ARCHER GROUP,
Address: 9428 BAYMEADOWS RD STE 230
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THE ARCHER GROUP,
Address: 9428 BAYMEADOWS ROAD SUITE 230
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TIMOTHY RITCH

MGRM

04/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date