


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90013 011 \*\*\*\*50.00

<b>DOCUMENT # L05000024331</b>	
1. Entity Name <b>WALKING TALL TIMBER FARMS, LLC</b>	

Principal Place of Business <b>1728 MAINLINE DRIVE QUINCY, FL 32351 US</b>	Mailing Address <b>POST OFFICE BOX 602 QUINCY, FL 32351 US</b>
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2. Principal Place of Business <b>1728 MAINLINE DR</b>	3. Mailing Address <b>P.O. BOX 602</b>
Suite, Apt. #, etc. <b>A</b>	Suite, Apt. #, etc.

City & State <b>Quincy, FL</b>	City & State <b>Quincy, FL</b>
Zip <b>32351</b>	Zip <b>32353</b>
Country <b>Gadsden</b>	Country <b>Gadsden</b>



04182006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent <b>YOUNG, BRANDON J ESQ. 4431 LAFAYETTE STREET MARIANNA, FL 32446</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM STRICKLAND, JOEL L POST OFFICE BOX 602 QUINCY, FL 32353</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

**SIGNATURE:** Joel L. Strickland **Joel L. STRICKLAND** **4/23/06** **334-805-3073**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #