

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061419

FILED  
Jul 10, 2006  
Secretary of State

Entity Name: TEN MILE LAND & TIMBER, LLC

**Current Principal Place of Business:**

11497 SE US HWY 41  
WHITE SPRINGS, FL 32096

**New Principal Place of Business:**

**Current Mailing Address:**

11497 SE US HWY 41  
WHITE SPRINGS, FL 32096

**New Mailing Address:**

FEI Number: 20-3078668      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MILLER, GILBERT W  
11497 SE US HWY 41  
WHITE SPRINGS, FL 32096      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KAHLICH, PAMELA  
Address: PO BOX 2515  
City-St-Zip: LAKE CITY, FL 32056

Title: MGRM ( ) Delete  
Name: SKIPPER, DONNIE  
Address: PO BOX 1767  
City-St-Zip: LAKE CITY, FL 32056

Title: MGRM ( ) Delete  
Name: KAHLICH, EUGENE M  
Address: 133 NE ANDERSON TERRACE  
City-St-Zip: LAKE CITY, FL 32055

Title: MGRM ( ) Delete  
Name: PEELER, WALTER DALE  
Address: 942 SW SEVILLE PLACE  
City-St-Zip: LAKE CITY, FL 32024

Title: MGRM ( ) Delete  
Name: DUNAWAY, LARRY W  
Address: 770 THOMPSON ROAD  
City-St-Zip: HAWKINSVILLE, GA 31036

Title: MGRM ( ) Delete  
Name: FORD, ROCKY D  
Address: PO BOX 426  
City-St-Zip: FT WHITE, FL 32038

**ADDITIONS/CHANGES:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GILBERT MILLER

MGR

07/10/2006

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