

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000061419**

1. Entity Name  
**TEN MILE LAND & TIMBER, LLC**



Principal Place of Business  
**11497 SE US HWY 41  
WHITE SPRINGS, FL 32096**

Mailing Address  
**11497 SE US HWY 41  
WHITE SPRINGS, FL 32096**



01042007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3078668**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MILLER, GILBERT W  
11497 SE US HWY 41  
WHITE SPRINGS, FL 32096**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	KAHLICH, PAMELA
STREET ADDRESS	PO BOX 2515
CITY-ST-ZIP	LAKE CITY, FL 32056
TITLE	MGRM
NAME	SKIPPER, DONNIE
STREET ADDRESS	PO BOX 1767
CITY-ST-ZIP	LAKE CITY, FL 32056
TITLE	MGRM
NAME	KAHLICH, EUGENE M
STREET ADDRESS	133 NE ANDERSON TERRACE
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	MGRM
NAME	PEELER, WALTER DALE
STREET ADDRESS	942 SW SEVILLE PLACE
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	MGRM
NAME	DUNAWAY, LARRY W
STREET ADDRESS	770 THOMPSON ROAD
CITY-ST-ZIP	HAWKINSVILLE, GA 31036
TITLE	MGRM
NAME	FORD, ROCKY D
STREET ADDRESS	PO BOX 426
CITY-ST-ZIP	FT WHITE, FL 32038

U00000621492  
02/12/07-80019-005 50.00

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**1-4-07**

Date

**386-754-0002**

Daytime Phone #