

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90032 047 \*\*\*\*50.00

<b>DOCUMENT # L05000084799</b> 1. Entity Name <b>CRESCENT TIMBER LLC</b>					
Principal Place of Business <b>212 S. MAGNOLIA AVE. TAMPA, FL 33606</b>			Mailing Address <b>212 S. MAGNOLIA AVE. TAMPA, FL 33606</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>TATE, MARK T</b> <b>212 S. MAGNOLIA AVE.</b> <b>TAMPA, FL 33606</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <u>MSR</u> <b>NAME</b> <u>Inter Timberland and</u> <b>STREET ADDRESS</b> <u>Development Strategies LLC</u> <b>CITY - ST - ZIP</b> <u>9995 Gate Parkway North</u> <u>Suite 400</u> <u>Jacksonville, FL 32246</u>			<div style="display: flex; justify-content: space-between;"> <div> <b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> </div> <div> <input type="checkbox"/> Change    <input type="checkbox"/> Addition           </div> </div>		
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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.					
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div> <b>SIGNATURE:</b> <u>Mark Tate</u>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div> <u>Mark T. Tate</u>  <small>Date</small> </div> <div> <u>4/26/06</u>  <small>Date</small> </div> <div> <u>813-254-6677</u>  <small>Daytime Phone #</small> </div> </div>					