


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90117 003 ***138.75

DOCUMENT # L06000010334	
1. Entity Name WAKULLA INVESTMENTS & TIMBER COMPANY, LLC.	

Principal Place of Business 1415 TIMBERLAND ROAD TALLAHASSEE, FL 32312	Mailing Address 1415 TIMBERLAND ROAD TALLAHASSEE, FL 32312
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2. Principal Place of Business - No P.O. Box # 1471 Timberlane Rd.	3. Mailing Address 1471 Timberlane Rd.
Suite, Apt. #, etc. 126	Suite, Apt. #, etc. 126
City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32312	Zip 32312
Country US	Country US



03192008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4230337	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CRONA, WILLIAM D 1415 TIMBERLAND ROAD TALLAHASSEE, FL 32312	7. Name and Address of New Registered Agent Name Crone, William D. Street Address (P.O. Box Number is Not Acceptable) 1471 Timberlane Rd. Suite 126 City Tallahassee FL Zip Code 32312
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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.

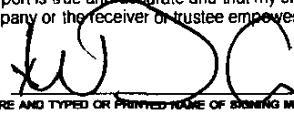
SIGNATURE  DATE **3/19/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRONA, WILLIAM D 1415 TIMBERLAND ROAD TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Crone, William D. 1471 Timberlane Rd. #126 Tallahassee, FL 32312 <input checked="" 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
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:  DATE _____ Daytime Phone # _____

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