


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90085 010 ****50.00

DOCUMENT # L06000041156 1. Entity Name TRL LAND & TIMBER, LLC			
Principal Place of Business 65 N. 6TH STREET MACCLENNY, FL 32063 US		Mailing Address 65 N. 6TH STREET MACCLENNY, FL 32063 US	
2. Principal Place of Business - No P.O. Box # 515 South 6th St.		3. Mailing Address 515 S. 6th St	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Macclenny, FL		City & State Macclenny FL	
Zip 32063		Zip 32063	
Country U.S.		Country US	
6. Name and Address of Current Registered Agent RHODEN, WILLIAM R 65 N. 6TH STREET MACCLENNY, FL 32063		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Accepted) 515 South 6th Street City Macclenny FL Zip Code 32063	
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 <u><i>William R. Rhoden</i></u> (NOTE: Registered Agent signature required when reinstating) DATE 1-16-07			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RHODEN, THOMAS R 65 N. 6TH STREET MACCLENNY, FL 32063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 515 South 6th Street Macclenny, Florida 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RHODEN, WILLIAM R 65 N. 6TH STREET MACCLENNY, FL 32063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 515 S. 6th Street Macclenny, Florida 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOYETTE, LEWYN D JR 65 N. 6TH STREET MACCLENNY, FL 32063 <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
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
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: <u><i>William R. Rhoden</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small> <small>Daytime Phone #</small>	