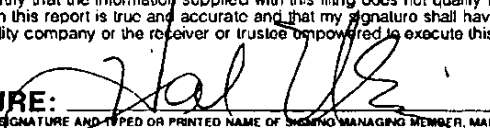


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

03-08-2007 90194 027 ****50.00

DOCUMENT # L06000110463 1. Entity Name SHINSEA TIMBER AND MINING LLC					
Principal Place of Business 815 ORIENTA AVE., SUITE 1060 ALTAMONTE SPRINGS FL 32701			Mailing Address 815 ORIENTA AVE., SUITE 1060 ALTAMONTE SPRINGS FL 32701		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 370 Lk. Seminole Cir			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Maitland, FL		4. FEI Number 20-8933721	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
Zip 32751		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent UHRIG, HAL 815 ORIENTA AVE., SUITE 1060 ALTAMONTE SPRINGS FL 32701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 removal of reg) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR UHRIG, HAL 815 ORIENTA AVE., SUITE 1060 ALTAMONTE SPRINGS FL 32701			TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE					