2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L95000000064

1. Entity Name

GATOR TIMBER & LAND, L.L.C.

FILED
Jan 24, 2007 08:00 AM
Secretary of State

1st MOORE CR2E083 (10/06)

Principal Place of Business	Mailing Address
1526 HIGHWAY 17, NORTH BOSTWICK FL 32007	POST OFFICE BOX 75 BOSTWICK FL 32007

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3287092 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, KELLEY R
1526 HIGHWAY 17, NORTH
BOSTWICK FL 32007

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

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	MGRM SMITH, KELLEY R POST OFFICE BOX 75 N/A BOSTWICK FL 32007	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition U00000601781 01/26/07-80062-025 50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM SMITH, M J POST OFFICE BOX 75 N/A BOSTWICK FL 32007	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BROWNING, SAMUEL S IV P.O. BOX 75, HWY. 17 NORTH BOSTWICK FL 32007	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM SMITH, TROY K P.O. BOX 75, HWY. 17 NORTH BOSTWICK FL 32007	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM BROWNING, CASSANDRA M PO BOX 75, HWY. 17 NORTH BOSTWICK FL 32007	☐ 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

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: Kelley R Smith Kelley R Smith MANAGING MEMBER 1-18-07 386-328-6969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #