2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L95000000064

1. Entity Name

GATOR TIMBER & LAND, L.L.C.

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

1st MOORE CR2E083 (10/07)

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	7. Name and Address of New Registered Agent
SMITH, KELLEY R 1526 HIGHWAY 17, NORTH BOSTWICK FL 32007	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's signature required on initial qualification statement)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $638.75
Make Check Payable to Florida Department of State

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
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	U00000797324 ☐ Change ☐ Addition 01/29/08-80069-005 138.75
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 1-22-08 386-328-6969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #