2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000064

Entity Name: GATOR TIMBER & LAND, L.L.C.

FILED Jan 09, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1526 HIGHWAY 17, NORTH BOSTWICK, FL 32007

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 75 BOSTWICK, FL 32007

FEI Number: 59-3287092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Electronic eignatare of registered rigent

ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 SMITH, KELLEY R
 Name:
 SMITH, KELLEY R

 Address:
 POST OFFICE BOX 75
 N/A
 Address:
 POST OFFICE BOX 75

 City-St-Zip:
 BOSTWICK, FL 32007
 City-St-Zip:
 BOSTWICK, FL 32007

Title: MEM () Delete Title: MGRM (X) Change () Addition

 Name:
 SMITH, M J
 Name:
 BROWNING, SAMUEL S IV

 Address:
 POST OFFICE BOX 75
 N/A
 Address:
 POST OFFICE BOX 75

 City-St-Zip:
 BOSTWICK, FL 32007
 City-St-Zip:
 BOSTWICK, FL 32007

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 BROWNING, SAMUEL S IV
 Name:

 Address:
 P.O. BOX 75, HWY. 17 NORTH
 Address:

 City-St-Zip:
 BOSTWICK, FL 32007
 City-St-Zip:

Title: MEM (X) Delete Title: () Change () Addition

 Name:
 SMITH, TROY K
 Name:

 Address:
 P.O. BOX 75, HWY. 17 NORTH
 Address:

 City-St-Zip:
 BOSTWICK, FL 32007
 City-St-Zip:

Title: MEM (X) Delete Title: () Change () Addition

 Name:
 BROWNING, CASSANDRA M
 Name:

 Address:
 PO BOX 75, HWY. 17 NORTH
 Address:

 City-St-Zip:
 BOSTWICK, FL 32007
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 MGMR 01/09/2009