

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90194 021 ****50.00

DOCUMENT # L95000000227 1. Entity Name SOUTHERN SILVICULTURE, L.C.					
Principal Place of Business 412 NE 16TH AVE. GAINESVILLE, FL 32601			Mailing Address 412 NE 16TH AVE. GAINESVILLE, FL 32601		
2. Principal Place of Business 4127 NW 27th Ln.		3. Mailing Address PO Box 357845			
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc.			
City & State Gainesville FL		City & State Gainesville FL			
Zip 32606		Country USA		Zip 32635	
Country USA		Country USA			
6. Name and Address of Current Registered Agent LEE, DENNIS G 412 NE 16TH AVE. GAINESVILLE, FL 32601			7. Name and Address of New Registered Agent Name: Dennis G. Lee Street Address (P.O. Box Number is Not Acceptable) 4127 NW 27th Ln, Suite A City: Gainesville FL Zip Code: 32606		
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>Dennis G. Lee</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>1/29/04</u>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEE, DENNIS G... 412 NE 16TH AVE. GAINESVILLE, FL 32601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Dennis G. Lee 4127 NW 27th Ln, Suite A Gainesville FL 32606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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		
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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 exemption stated in Section 119.07(3)(i), 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>Dennis G. Lee</u> DATE: <u>1/29/04</u> 352-334-1976 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					