


2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
FILING FEE \$ 588.75	Annual Report \$100.00 + \$48.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

FILED
99 SEP 28 PM 2: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000401 CARRABELLE TIMBER RESOURCES, L.C. POST OFFICE BOX 854 MARIANNA FL 32447		1a. Principal Place of Business Address 4450 LAFAYETTE STREET MARIANNA FL 32446	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified 05/24/1995	3a. State of Formation FL
		4. FEI Number 59-3380611	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 04/01/1998	6. Certificate of Status Desired <input type="checkbox"/>

7. Name and Address of Current Registered Agent BONDURANT, FRANK E 4450 LAFAYETTE STREET MARIANNA FL 32447	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL
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9. Pursuant to the provisions of Sections 608.416 and 608.608, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when registering)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CORAL RESOURCES, INC.	15739 PROFESSIONAL PLAZA	HAMMOND LA
MGRM	HILDRETH, EMMETT F. JR.	POST OFFICE BOX 787	ATMORE AL
MGRM	HATCHER, ROBERT D	2265 ROSWELL ROAD., SUITE	MARIETTA GA

11. I do 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 annual 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 liquidator empowered to execute this report as required by Chapter 606, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Robert D. Hatcher 9-14-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date (Optional: Print Name)