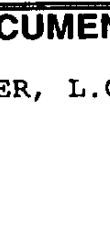


LIMITED LIABILITY COMPANY ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  98 MAR -2 AM 9:48  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE \$188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>					
<b>1. Name and Mailing Address of Limited Liability Company</b>  SANTA ROSA TIMBER, L.C. P O BOX 451 MILTON FL 32570				<b>DOCUMENT # L97000000119</b>  <b>1a. Principal Place of Business Address</b>  HWY 90 E HAROLD FL 32563			
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>2a. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>3. Date Organized or Qualified</b>  01/27/1997		<b>3a. State of Formation</b>  FL	
<b>4. FEI Number</b>  59-3431466				<input type="checkbox"/> Applied For  <input checked="" type="checkbox"/> Not Applicable		<b>5. Date of Last Report</b>  03/04/98	
<b>6. Certificate of Status Desired</b>  <input checked="" type="checkbox"/> Sub 75 Additional Fee Required							
<b>7. Name and Address of Current Registered Agent</b>  PHILLIPS, ERNEST L HWY 90 E HAROLD FL 32563				<b>8. Name and Address of New Registered Agent/Office</b>  Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City			
Pursuant to the provisions of Sections 608.416 and 608.508, 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 <u>Ernest L Phillips</u> DATE <u>2-24-98</u> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
<b>10. Title</b>  MGR MGRM		<b>Managing Members/Managers</b>  ERNEST L PHILLIPS JOANN M PHILLIPS		<b>Business Street Address</b>  HWY 90 E HWY 90 E		<b>City, State and Zip Code</b>  HAROLD FL 32563 HAROLD FL 32563	
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.							
<b>SIGNATURE:</b> <u>Ernest L Phillips</u>				<u>2-24-98</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER				Date		Daytime Phone #	