2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR

FILED Apr 07, 2006 08:00 AM Secretary of State DOCUMENT # L99000006280 2M LAND & TIMBER, LLC Principal Place of Business Mailing Address **165 AUCILLA ROAD** P.O. BOX 945 MONTICELLO, FL 32345 MONTICELLO, FL 32344 03162008 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3602839 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCELROY, MITCHELL L DO NOT WRITE 165 AUCILLA ROAD MONTICELLO, FL 32344 IN THIS SPACE 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 Signature, typed or printed frame of registered agent and title if applicable INOTE, Benistered Agent signature required when reinstational DATE Filing Fee is \$50.00 Due by May 1, 2006 1/000000497290 04/22/06-90047-013 50.00 3. MANAGING MEMBERS/MANAGERS MGR TITLE MCELROY, MIKELL A NAME STREET ADDRESS 8703 ELLINGTON PARK DR. CCTY-ST-ZIP CHARLOTTE, NC 28277 me NAME STREET ADDRESS CITY-ST-ZIP 1171.E NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS COTY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP I hereby certify that the informal indicated on this report is true a limited liability company or the on supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information ad 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 eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NG MEMBER, OR AUTHORIZED REPRESENTATIVE

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