2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000007555

1. Entity Name

WARBONNET LAND & TIMBER CO., L.C.



Principal Place of Business

HIGHWAY 267 SOUTH **GADSDEN COUNTY, FL** Mailing Address

3503 DOE RUN DRIVE TALLAHASSEE, FL 32312

FILED Jan 10, 2005 8:00 am Secretary of State

01-10-2005 90056 001 ****55.00

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## DO NOT WRITE IN THIS SPACE

01072005 No Chg-LLC

CR2E083 (10/03)

Applied For 4. FEI Number 59-3608616 Not Applicable \$5.00 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

GARDNER, WILLIAM H 3503 DOE RUN DRIVE TALLAHASSEE, FL 32312

| DO | TON         | WRIT        | E |
|----|-------------|-------------|---|
| IN | <b>THIS</b> | <b>SPAC</b> | E |

| 8. The above the obligat                       | named entity submits this statement for the purpose of cha<br>tions of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | nging its registered office or registered agent, or both, in the | e State of Florida. I am familiar with, and accep |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------|
| SIGNATURE.                                     | Signature, typed or printed name of registered agent and title if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (NOTE: Registered Agent signature required when reinstating)     | DATE                                              |
| F                                              | iling Fee Is \$50.00<br>ue by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                  |                                                   |
| 9.                                             | MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 76                                                               |                                                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGR · · · GARDNER, WILLIAM H<br>3503 DOE RUN DRIVE<br>TALLAHASSEE, FL 32312                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  |                                                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DO NO                                                            | OT WRITE                                          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | INTH                                                             | S SPACE                                           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | in the second se |                                                                  |                                                   |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF

ANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE