

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90066 035 ***138.75



DOCUMENT # L0000004476

1. Entity Name

SMEEVE & SMASH TIMBER GROUP L.C.

Principal Place of Business

ONE SAN JOSE PLACE SUITE 7
JACKSONVILLE FL 32257

Mailing Address

ONE SAN JOSE PLACE SUITE 7
JACKSONVILLE FL 32257



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/07)

4. FEI Number

59-3667825

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, V. H JR.
ONE SAN JOSE PLACE SUITE 7
JACKSONVILLE FL 32257

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 name of registered agent and title, if applicable

(NOTE: Registered agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE: **MGR** Delete
NAME: **SMITH, V H JR**
STREET ADDRESS: **ONE SAN JOSE PLACE SUITE 7**
CITY-ST-ZIP: **JACKSONVILLE FL 32257**

TITLE: **P.** Delete
NAME: **SMITH, V H JR**
STREET ADDRESS: **ONE SAN JOSE PLACE SUITE 7**
CITY-ST-ZIP: **JACKSONVILLE FL 32257**

TITLE: **V** Delete
NAME: **DUNGEY, MARY-LOUISE**
STREET ADDRESS: **12844 BAY PLANTATION DR.**
CITY-ST-ZIP: **JACKSONVILLE FL 32223**

TITLE: **ST** Delete
NAME: **SMITH, EMILY B**
STREET ADDRESS: **2767 FOREST CIRCLE**
CITY-ST-ZIP: **JACKSONVILLE FL 32257**

TITLE: Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

10. ADDITIONS / CHANGES

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Change Addition
NAME: **V**
STREET ADDRESS: **TAYLOR C. DAY**
CITY-ST-ZIP: **ONE SAN JOSE PL. #7**
JACKSONVILLE, FL. 32257

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____

M. L. Dungey

M.L. DUNGEY

4-25-08

(904) 268-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Display Phone #