

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003389

Entity Name: S&M PINE LANDS, LLC

FILED
Jan 09, 2004
Secretary of State

Current Principal Place of Business:

#2 UNIVERSIDAD LANE
SPANISH LAKES RIVERFRONT
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

#2 UNIVERSIDAD LANE
SPANISH LAKES RIVERFRONT
PORT ST. LUCIE, FL 34952

New Mailing Address:

P.O. BOX 8928
PORT ST. LUCIE, FL 34985 89

FEI Number: 20-0083507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALPERIN, ELEANOR B ESQ.
1400 CENTREPARK BLVD., SUITE 1000
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: MOORMAN II, CLAUDE T
Address: P.O. BOX 8928
City-St-Zip: PORT. ST. LUCIE, FL 34985 89

Title: MGRM () Change (X) Addition
Name: SIMPSON, WILLIAM G
Address: 236 BATEMAN'S BEACH ROAD
City-St-Zip: ROPER, NC 27970

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CLAUDE T. MOORMAN II

MGRM

01/09/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date