04/29/2005 09:58 5616890478 CASS LEVY L

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Secretary of State
05-02-2005 90131 001 ***110.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000003389

1. Entity Name
S&M PINE LANDS, LLC

30005144

Principal Place of Business	Mailing Address
#2 UNIVERSIDAD LANE SPANISH LAKES RIVERFRONT PORT ST. LUCIE, FL 34952	P.O. BOX 8928 PORT ST. LUCIE, FL 34985 89
2. Principal Place of Business: P.O. Box 386	3. Mailing Address: P.O. Box 386
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plymouth, NC	City & State: Plymouth, NC
Zip: 27962 Country: USA	Zip: 27962 Country: USA

02112005 Chg-LLC CR2E093 (10/03)

4. FEI Number: 20-0083507 — Applied For / Not Applicable

5. Certificate of Status Desired — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORMAN II, CLAUDE T P.O. BOX 8928 PORT. ST. LUCIE, FL 34985	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORMAN II, CLAUDE T. P.O. Box 386 Plymouth, NC 27962	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMPSON, WILLIAM G 239 BATEMAN'S BEACH ROAD ROPER, NC 27970	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Claude T. Moorman II Claude T. Moorman II 29 Apr 05 252-793-6414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

$55.00 enclosed
CTM II