


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # L95000000802
 1. Entity Name
 A & S TIMBER PROPERTIES, L.C.



Principal Place of Business
 511 ST. JOHNS AVENUE
 PALATKA, FL 32177

Mailing Address
 511 ST. JOHNS AVENUE
 PALATKA, FL 32177 US

DO NOT WRITE IN THIS SPACE



01132004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3341519	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, TITO S
 511 ST. JOHNS AVENUE
 PALATKA, FL 32177

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____


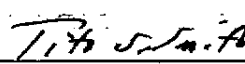
**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, TITO S 511 ST. JOHNS AVENUE PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, KELLEY JR. P.O. BOX 75 BOSTWICK, FL 32007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALFORD, CHARLES E SR. RTE. 1, BOX 2000 PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALFORD, BRYANT T 3816 REID ST. PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALFORD, CHARLES E JR. 3816 REID ST. PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAPP, KATHRYN A 3816 REID STREET PALATKA, FL 32177

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 02/11/04-80072-007 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:   2/2/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #