

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90057 009 ****50.00

DOCUMENT # L9500000802
 1. Entity Name
A & S TIMBER PROPERTIES, L.C.



Principal Place of Business Mailing Address
511 ST. JOHNS AVENUE **511 ST. JOHNS AVENUE**
PALATKA, FL 32177 **PALATKA, FL 32177 US**

DO NOT WRITE IN THIS SPACE



01232005No 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

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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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: **Tito S. Smith** 1/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #