


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90218 017 ****50.00

DOCUMENT # L95000000802 1. Entity Name A & S TIMBER PROPERTIES, L.C.	
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Principal Place of Business 511 ST. JOHNS AVENUE PALATKA, FL 32177	Mailing Address 511 ST. JOHNS AVENUE PALATKA, FL 32177 US
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DO NOT WRITE IN THIS SPACE



03212006 No Chg-LLC

CR2E083 (11/05)

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

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

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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IN THIS SPACE**

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



3/21/06

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

Date

Daytime Phone #