

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000802

FILED  
Mar 05, 2007  
Secretary of State

Entity Name: A & S TIMBER PROPERTIES, L.C.

**Current Principal Place of Business:**

511 ST. JOHNS AVENUE  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

511 ST. JOHNS AVENUE  
PALATKA, FL 32177 US

**New Mailing Address:**

FEI Number: 59-3341519

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, TITO S  
511 ST. JOHNS AVENUE  
PALATKA, FL 32177 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SMITH, TITO S  
Address: 511 ST. JOHNS AVENUE  
City-St-Zip: PALATKA, FL 32177

Title: MGRM ( ) Delete  
Name: SMITH, KELLEY JR.  
Address: P.O. BOX 75  
City-St-Zip: BOSTWICK, FL 32007

Title: MGRM ( ) Delete  
Name: ALFORD, CHARLES E SR.  
Address: RTE. 1, BOX 2000  
City-St-Zip: PALATKA, FL 32177

Title: MGRM ( ) Delete  
Name: ALFORD, BRYANT T  
Address: 3816 REID ST.  
City-St-Zip: PALATKA, FL 32177

Title: MGRM ( ) Delete  
Name: ALFORD, CHARLES E JR.  
Address: 3816 REID ST.  
City-St-Zip: PALATKA, FL 32177

Title: MGRM ( ) Delete  
Name: CLAPP, KATHRYN A  
Address: 3816 REID STREET  
City-St-Zip: PALATKA, FL 32177

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TITO S. SMITH

MGRM

03/05/2007

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