

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000802

FILED
Feb 08, 2009
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:

P. O. BOX 1354
PALATKA, FL 32178 US

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
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Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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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 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

02/08/2009

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