

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90021 044 ****50.00

DOCUMENT # L95000000802

1. Entity Name

A & S TIMBER PROPERTIES, L.C.



Principal Place of Business

**601 ST. JOHNS AVENUE
PALATKA FL 32177**

Mailing Address

**P.O. BOX 1354
PALATKA FL 32178
US**

2. Principal Place of Business

511 St. Johns Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palatka, FL

City & State

Zip

32177

Country

Putnam

Zip

Country

4. FEI Number

59-3341519

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**



XXX CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SMITH, TITO S
601 ST. JOHNS AVENUE
PALATKA FL 32177**

7. Name and Address of New Registered Agent

Name

TITO S. SMITH

Street Address (P.O. Box Number is Not Acceptable)

511 St. Johns Avenue

City

Palatka

FL

Zip Code
32177

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

Tito S. Smith

3/19/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, TITO S 601 ST. JOHNS AVENUE PALATKA FL 32177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, KELLEY JR. P.O. BOX 75 BOSTWICK FL 32007	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALFORD, CHARLES E SR. RTE. 1, BOX 2000 PALATKA FL 32177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALFORD, BRYANT T 3816 REID ST. PALATKA FL 32177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALFORD, CHARLES E JR. 3816 REID ST. PALATKA FL 32177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAPP, KATHRYN A 3816 REID STREET PALATKA FL 32177	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, Tito S. 511 St. Johns Avenue Palatka, FL 32177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

3/19/03

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

Date

Daytime Phone #

CRE083 (10/02)