2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DÖCUMENT # L99000006447

1. Entity Name SMOAK TIMBER, LLC

FILED
Apr 14, 2006 08:00 Al
Secretary of State

Principal Place of Business

1025 COUNTY ROAD 17-N LAKE PLACID, FL 33852 Mailing Address

1025 COUNTY ROAD 17-N LAKE PLACID, FL 33852



DO NOT WRITE IN THIS SPACE

04102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0952181 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMOAK, EDWARD L 1025 COUNTY ROAD 17-N LAKE PLACID, FL 33852

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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.

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

U00000509533 (14/28/06-80048-007 50.00

9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME STREET ADDRESS	SMOAK, EDWARD L TRUSTEE 1025 COUNTY ROAD 17-N		
CITY-ST-ZIP	LAKE PLACID, FL 33852		
TITLE	- '		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADORESS			
CITY-ST-ZIP			
TITLE			
NAME STREET ADDRESS			
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TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling does not qualify for the ex			

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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:

SIGNATURE AND THE COLOR TENTED NAME THE COLOR MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-11-06

Daytime Phone #