


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000006447 1. Entity Name SMOAK TIMBER, LLC	
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Principal Place of Business 1025 COUNTY ROAD 17-N LAKE PLACID, FL 33852	Mailing Address 1025 COUNTY ROAD 17-N LAKE PLACID, FL 33852
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04072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0952181	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 SMOAK, EDWARD L 1025 COUNTY ROAD 17-N LAKE PLACID, FL 33852
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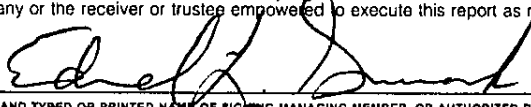
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	U00000896123 04/24/08-80095-017 138.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMOAK, EDWARD L TRUSTEE 1025 COUNTY ROAD 17-N LAKE PLACID, FL 33852
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date: 4/14/08 Daytime Phone #: 863-465-2561