

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L95000000802

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

**Current Principal Place of Business:**

131 KELLEY SMITH RANCH RD.  
PALATKA, FL 32177

**Current Mailing Address:**

P. O. BOX 1354  
PALATKA, FL 32178 US

**FEI Number:** 59-3341519

**Certificate of Status Desired:** No

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

SMITH, TITO S  
131 KELLEY SMITH RANCH RD.  
PALATKA, FL 32177 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name SMITH, TITO S  
Address 131 KELLEY SMITH RANCH RD  
City-State-Zip: PALATKA FL 32177

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

Title MGRM  
Name ALFORD, CHARLES ESR.  
Address RTE. 1, BOX 2000  
City-State-Zip: PALATKA FL 32177

Title MGRM  
Name ALFORD, BRYAN T  
Address 3816 REID ST.  
City-State-Zip: PALATKA FL 32177

Title MGRM  
Name ALFORD, CHARLES EJ.R.  
Address 3816 REID ST.  
City-State-Zip: PALATKA FL 32177

Title MGRM  
Name CLAPP, KATHRYN A  
Address 3816 REID STREET  
City-State-Zip: PALATKA FL 32177

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TITO S SMITH

MGRM

02/12/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date