


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90153 045 ****50.00

DOCUMENT # L03000055674

1. Entity Name
SMART-GIBSON FAMILY ENTERPRISES, L.L.C.



Principal Place of Business 1223 AIRPORT ROAD SUITE 101 DESTIN FL 32541	Mailing Address 1223 AIRPORT ROAD SUITE 101 DESTIN FL 32541
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20014900



1st MOORE CR2E083 (10/04)

2. Principal Place of Business <i>711 Park Lake Circle</i>	3. Mailing Address <i>711 Park Lake Circle</i>
Suite, Apt. #, etc. <i>Orlando,</i>	Suite, Apt. #, etc. <i>Orlando, FL</i>
City & State <i>Florida, 32803</i>	City & State <i>Florida</i>
Zip <i>32803</i>	Country <i>U.S.A.</i>

4. FEI Number 20-0392253	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

HAVENS, JASON E
 1223 AIRPORT ROAD
 SUITE 101
 DESTIN FL 32541

7. Name and Address of New Registered Agent

Name *Linda G. Egan*

Street Address (P.O. Box Number is Not Acceptable)
711 Park Lake Circle

City *Orlando* FL Zip Code *32803*

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 *Linda G. Egan* DATE *2-17-2005*

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIBSON, W. C P.O. BOX 208 SAPPHIRE NC 28774 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EGAN, LINDA G 711 PARK LAKE CIRCLE ORLANDO FL 32803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIBSON, A. R 716 SPRING LAKE DESTIN FL 32541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RISALVATO, THOMAS J 348 MIRACLE STRIP PARKWAY FORT WALTON BEACH FL 32578 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P.O. Box 5501 Destin, FL 32541</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>151 Mary Esther Blvd, Ste 301 Mary Esther, FL 32569</i>
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 19.07(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: *Linda G. Egan* *Linda G. Egan* DATE *2-17-2005* DAYTIME PHONE # *407-898-1063*

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