

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Sep 02, 2008**  
**Secretary of State**

DOCUMENT# L08000000372

Entity Name: SMITH AND THAXTON ENTERPRISES LLC

**Current Principal Place of Business:**

108 N. GRAY AVE  
C  
PANAMA, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

108 N. GRAY AVE  
C  
PANAMA, FL 32401

**New Mailing Address:**

FEI Number: 45-0582213      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

THAXTON, ROBERT C III  
108 N GRAY  
C  
PANAMA, FL 32401 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SMITH, GARY V  
Address: 534 COLONIAL DRIVE  
City-St-Zip: PANAMA, FL 32404

Title: MGR ( ) Delete  
Name: THAXTON, ROBERT C III  
Address: 108 N GRAY  
City-St-Zip: PANAMA, FL 32401

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: GARY VINCENT SMITH

MGR

09/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date