

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90113 019 ****50.00

DOCUMENT # L00000006350					
1. Entity Name DAVE SMITH ENTERPRISES, L.L.C.					
Principal Place of Business COOLEYS LANDING MARINA 450 S.W. 7TH AVENUE #21 FORT LAUDERDALE, FL 33335			Mailing Address PO BOX 22577 FORT LAUDERDALE, FL 33335		
2. Principal Place of Business		3. Mailing Address 3590 PANDORA AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State BOYNTON BEACH, FL		4. FEI Number 65-1011765	
Zip		Zip 33436		Country PALM BEACH	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SMITH, DAVID G COOLEYS LANDING MARINA #21 450 S.W. 7TH AVENUE FORT LAUDERDALE, FL 33335			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3590 PANDORA AVE City BOYNTON BEACH FL Zip Code 33436		
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				DATE 1-27-05	
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, DAVID G PO BOX 22577 FORT LAUDERDALE, FL 33335	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVID G. SMITH 3590 PANDORA AVE BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 119.07(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:				DATE: 1-27-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	