

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000006350

FILED  
Jan 24, 2003  
Secretary of State

Entity Name: DAVE SMITH ENTERPRISES, L.L.C.

## Current Principal Place of Business:

KEY WEST BIGHT MARINA  
201 WILLIAMS STREET, #A16  
KEY WEST, FL 33040

## New Principal Place of Business:

COOLEYS LANDING MARINA  
450 S.W. 7TH AVENUE #21  
FORT LAUDERDALE, FL 33335

## Current Mailing Address:

PO BOX 6432  
KEY WEST, FL 330416432

## New Mailing Address:

PO BOX 22577  
FORT LAUDERDALE, FL 33335

FEI Number: 65-1011765

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, DAVID G  
KEY WEST BIGHT MARINA  
201 WILLIAMS STREET, #A16  
KEY WEST, FL 33040 US

## Name and Address of New Registered Agent:

SMITH, DAVID G  
COOLEYS LANDING MARINA #21  
450 S.W. 7TH AVENUE  
FORT LAUDERDALE, FL 33335 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

01/24/2003

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: SMITH, DAVID G  
Address: PO BOX 6432, 201 WILLIAM ST. #A16  
City-St-Zip: KEY WEST, FL 33041

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SMITH, DAVID G  
Address: PO BOX 22577  
City-St-Zip: FORT LAUDERDALE, FL 33335

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID G. SMITH

MGR

01/24/2003

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