

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010758

Entity Name: THE SMITH GROUP, L.L.C.

FILED
Feb 28, 2005
Secretary of State

Current Principal Place of Business:

9150 C.R. 13 SOUTH
HASTINGS, FL 32145

New Principal Place of Business:

Current Mailing Address:

9150 C.R. 13 SOUTH
HASTINGS, FL 32145

New Mailing Address:

FEI Number: 59-3674275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, ZANE W
9150 C.R. 13 SOUTH
HASTINGS, FL 32145 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/MEMBERS:

Title: MGRM () Delete
Name: SMITH, ZANE W
Address: 9150 C.R. 13, SOUTH
City-St-Zip: HASTINGS, FL 32145

Title: MGRM () Delete
Name: SMITH, ARLIE
Address: 8200 C.R. 13, SOUTH
City-St-Zip: HASTINGS, FL 32145

Title: MGRM () Delete
Name: SMITH, H. WESLEY
Address: 8770 C.R. 13, SOUTH
City-St-Zip: HASTINGS, FL 32145

Title: MGRM () Delete
Name: SMITH, LANCE
Address: P.O. BOX 189
City-St-Zip: BLAINE, ME 04734

Title: MGRM () Delete
Name: SMITH, GREG
Address: P.O. BOX 189
City-St-Zip: BLAINE, ME 04734

ADDITIONS/CHANGES:

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

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

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

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 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: ZANE W. SMITH

MGRM

02/28/2005

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