FILED Jul 23, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L0100007081 05-08-2002 90073 008 ****50.00 SMITH PROPERTIES CITY WALK, LLC Principal Place of Business Mailing Address 629 EAST AVENIDA DEL RIO 629 EAST AVENIDA DEL RIO CLEWISTON FL 33440 CLEWISTON FL 33440 2. Principal Place of Business 3. Mailing Address 334- A E. TI Suite, Apt. #, etc. Suite, Apl. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number <u>Clanish</u> Not Applicable Zip Zip. \$5.00 Additional 5. Certificate of Status Desired 32440 Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH DARREN N -629 EAST AVENIDA DEL RIO ... (P.O. Box Number is Not Acceptable) **CLEWISTON FL 33440** 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 Fiorida. I am familiar with, and accept the obligations of registered age SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES : TITLE ☐ Delete TITLE CNAME. prevent. Smith NAME STREET ADDRESS 234-A E. Tainied And J. S. J. P. N. C. STREET ADDRESS CR2E083 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIME Delete Delete TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

MANAGER, OR AUTHORIZED REPRESENTATIVE



39481

July 22, 2002

Florida Department of State Division of Corporations P.O. Box 6478 Tallahassee, FL 32314-6478

To Whom It May Concern:

Attached you will find Document #L01000007081 for Smith Properties City Walk, LLC. Please note that our mailing address has been changed. Our new mailing address is 334-A East Trinidad, Clewiston, FL 33440. Please make this correction on all Smith Properties, LLC documents.

Sincerely,

Missy Tarter Office Manager

334-A East Trinidad

Attachment

39481

Smith Properties City Walk IIc.

334-A.East Trinidad Ave. Clewiston, FL 33440 863-983-8786

July 2, 2002
Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314-6478

Dear sir or madam:

I received the enclosed document # L01000007081 today.

I filed my report and paid my fee on 4-23-02. I unfortunately did not receive a letter mailed to me on 5-15-02. After speaking today with Matt Andrews, I am enclosing this report with the appropriate box for FEI number checked.

The proper box is NOT APPLICABLE.

Thank you for your attention to this matter.

Very truly yours;

Darren N. Smith