## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000010681

City-St-Zip:

POMPANO BEACH, FL 33069

FILED Mar 22, 2004 Secretary of State

Entity Name: CRAIG A. SMITH & ASSOCIATES GOVERNMENTAL SERVICES, LLC

**Current Principal Place of Business: New Principal Place of Business:** 1000 W MCNAB RD SUITE 200 POMPANO BEACH, FL 33069 **New Mailing Address: Current Mailing Address:** 1000 W MCNAB RD SUITE 200 POMPANO BEACH, FL 33069 FEI Number: 65-1130452 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, STEPHEN C 1000 W MCNAB RD SUITE 200 POMPANO BEACH, FL 33069 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: ADDITIONS/CHANGES:** MGRM () Change () Addition () Delete SMITH, STEPHEN C Name: Name: 1000 W MCNAB RD #200 Address: Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SMITH, CRAIG A Name: Name: Address: 1000 W MCNAB RD #200 Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition MILITA, DALE MILITA, DALE Name: Name: Address: 1000 W MCNAB RD #200 Address: 1000 W MCNAB RD #200 City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: POMPANO BEACH, FL 33069 Title: MGRM ( ) Delete Title: () Change () Addition Name: SCHRINGER, GENE R Name: Address: 1000 W MCNAB RD #200 Address:

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.

City-St-Zip:

SIGNATURE: STEPHEN C. SMITH MGRM 03/22/2004