


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 12, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # L02000003064</b> 1. Entity Name <b>MATTHEW J. SMITH, LLC</b>	
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Principal Place of Business <b>1871 RAYMOND ROAD SARASOTA, FL 34240</b>	Mailing Address <b>1871 RAYMOND ROAD SARASOTA, FL 34240</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>90-0005626</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ROBERTS, DON E 3212 SOUTH GATE CIRCLE SARASOTA, FL 34239</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SMITH, MATTHEW J 1871 RAYMOND RD SARASOTA, FL 342409157</b>
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<p>1100000584293 01/12/07-80030-025 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.
<b>SIGNATURE: MATTHEW J. SMITH</b> <i>Matthew J. Smith</i>
<b>1-10-2007</b> <b>(941) 809-5945</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>
<small>Date Daytime Phone #</small>