2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# L02000009454

Entity Name: SMITH PROPERTIES, L.L.C.

Current Principal Place of Business:

8770 C.R. 13 SOUTH
HASTINGS, FL

New Principal Place of Business:

Current Mailing Address:

8770 C.R. 13 SOUTH
HASTINGS, FL

New Mailing Address:

FEI Number: 82-0543183 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, H. WESLEY
8770 C.R. 13 SOUTH
HASTINGS, FL

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	
Title:	MGRM	( ) Delete
Name:	SMITH, ARLIE J	
Address:	9200 C.R. 13 SOUTH	
City-St-Zip:	HASTINGS, FL	
Title:	MGRM	( ) Delete
Name:	SMITH, H. WESLEY	
Address:	8770 C.R. 13 SOUTH	
City-St-Zip:	HASTINGS, FL	
Title:	MGRM	( ) Delete
Name:	SMITH, C. PERRY	
Address:	PO BOX 742	
City-St-Zip:	OKEECHOBEE, FL 34973	
Title:	MGRM	( ) Delete
Name:	SMITH, DALE W	
Address:	PO BOX 742	
City-St-Zip:	OKEECHOBEE, FL 34973	

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 04/19/2004

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