2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State DOCUMENT # L02000009581 02-27-2006 90431 038 ****50.00 1. Entity Name SMEAD PROPERTIES, LLC Principal Place of Business Mailing Address 1108-A AIRPORT BOULEVARD PENSACOLA FL 32504 1108-A AIRPORT BOULEVARD PENSACOLA FL 32504 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 01-0664749 Not Applicable Zip Country Zin Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMEAD, KATHLEEN Street Address (P.O. Box Number is Not Acceptable) **4235 ELLISON PLACE** PENSACOLA FL 32503 City Zip Code 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 Sprews, typnal in preted rams of registered agent and tide 2 applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES PILE O Delete TITLE ☐ Change ☐ Addition NAME SMEAD, KATHLEEN 1108-A AIRPORT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP PENSACOLA FL 32504 nne ☐ Detete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE -_ - Addition-TITLE STREET ADDRESS STREET ADDRESS CITY-ST-27P CITY-ST-ZIP TITLE Defete ☐ Addition TITLE ☐ Chance NAME MALUF STREET ADDRESS STREET ADDRESS CUTY-ST-7IP CITY-ST-7IP BILE ☐ Delete TITLE Cisance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ■ Addition ☐ Delete Change 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 exemptions contained is Section 119. Florida Statutes. I further certify that the information indicated on this report is true and that my signature shall have the same legal effect as if made under path; that I am a managing member or manager of the limited liability company or the reporter or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

SIGNATURE AND TYPED ON PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 23, 2006 8:00 am

Onvitame Phone #



March 2, 2006

SMEAD PROPERTIES, LLC 1108-A AIRPORT BOULEVARD PENSACOLA, FL 32504 US

Subject: SMEAD PROPERTIES, LLC

Reference Number:

£02000009581

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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