2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2005
Secretary of State

DOCUMENT# L02000018542

Entity Name: SMITH & ASSOCIATES, LLC

Current Principal Place of Business:

1217 SOUTH MILITARY TRAIL
SUITE D
WEST PALM BEACH, FL 33415 US

New Principal Place of Business:

2715 NORTH AUSTRALIAN AVENUE
SUITE A
WEST PALM BEACH, FL 33407 US

Current Mailing Address:

1217 SOUTH MILITARY TRAIL
SUITE D
WEST PALM BEACH, FL 33415 US

New Mailing Address:

2715 NORTH AUSTRALIAN AVENUE
SUITE A
WEST PALM BEACH, FL 33407 US

FEI Number: 81-0562454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEE, BENJAMIN
1217 SOUTH MILITARY TRAIL
SUITE D
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

LEE, BENJAMIN
2715 NORTH AUSTRALIAN AVENUE
SUITE A
WEST PALM BEACH, FL 33407 US

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: BENJAMIN LEE 04/23/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: LEE, BENJAMIN
Address: 1217 SOUTH MILITARY TRAIL #D
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LEE, BENJAMIN
Address: 2715 NORTH AUSTRALIAN AVENUE, STE A
City-St-Zip: WEST PALM BEACH, FL 33407

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: BENJAMIN LEE MGRM 04/23/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date