


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L02000018572 1. Entity Name SMITH MANAGEMENT SERVICES, LLC |  |
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|---|--|
| Principal Place of Business 700 FRONT ST KEY WEST, FL 33040 | Mailing Address 6 ALLAMANDA TR KEY WEST, FL 33040-6203 |
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DO NOT WRITE IN THIS SPACE



01182005 No Chg-LLC CR2E083 (10/03)

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

6. Name and Address of Current Registered Agent

SMITH, URBAN EUGENE
6 ALLAMANDA TERRACE
KEY WEST, FL 33040

**DO NOT WRITE
IN THIS SPACE**

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 Eugene Smith (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V SMITH, SUE 6 ALLAMANDA TR KEY WEST, FL 33040 |
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03/21/05-90072-009 50.00

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11. I hereby certify that the information supplied with this filing does not qualify 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 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: Eugene Smith DATE _____ DAYTIME PHONE # _____