


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90113 009 ****50.00

DOCUMENT # L02000026296

1. Entity Name
ROBERT AND NANCY SMITH FAMILY INVESTMENTS I, LLC



Principal Place of Business
**29728 WATERBURY CIRCLE
 PERRYSBURG, OH 43551**

Mailing Address
**29728 WATERBURY CIRCLE
 PERRYSBURG, OH 43551**

2. Principal Place of Business - No P.O. Box #
363 MAC EWEY DR

3. Mailing Address
363 MAC EWEY DR

Suite, Apt. #, etc.

City & State
OSPREY, FL.

City & State

Zip
34229

Country
USA

40123036



07042007 Chg-LLC CR2E083 (12/06)

8. Name and Address of Current Registered Agent

**SMITH, MICHAEL A
 8163 JOZEE CIRCLE
 ORLANDO, FL 32836**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

4. FEI Number
54-2078019

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00 Due by September 14, 2007

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SMITH, ROBERT A 29728 WATERBURY CIR PERRYSBURG, OH 43551 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SMITH, ROBERT A 363 MAC EWEY DR OSPREY, FL. 34229 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SMITH, NANCY L 29728 WATERBURY CIR PERRYSBURG, OH 43551 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SMITH, NANCY L 363 MAC EWEY DR OSPREY, FL. 34229 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 of the recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **ROBERT A. SMITH** **7.4.07 941910-2059**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #