


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State


DOCUMENT # L02000026296

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



| | |
|--|--|
| Principal Place of Business 363 MACEVIN DR OSPREY, FL 34229 | Mailing Address 363 MACEVIN DR OSPREY, FL 34229 |
|--|--|

DO NOT WRITE IN THIS SPACE



01072008 No Chg-LLC CR2E083 (12/07)

| | |
|---|---------------------------------------|
| 4. FEI Number 54-2078019 | 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, MICHAEL A
 8163 JOZEE CIRCLE
 ORLANDO, FL 32836**

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

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

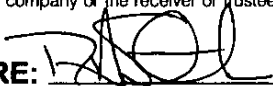
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 01/22/08-80032-008 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SMITH, ROBERT A 363 MACEWAN OSPREY, FL 34229 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SMITH, NANCY L 363 MACEWAN OSPREY, FL 34229 |
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **ROBERT A. SMITH** 1-14-08 9419182059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #