

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026296

FILED
Jan 15, 2009
Secretary of State

Entity Name: ROBERT AND NANCY SMITH FAMILY INVESTMENTS I, LLC

Current Principal Place of Business:

363 MACEVIN DR
OSPREY, FL 34229

New Principal Place of Business:

363 MACEWEN DR.
OSPREY, FL 34229

Current Mailing Address:

363 MACEVIN DR
OSPREY, FL 34229

New Mailing Address:

FEI Number: 54-2078019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITH, ROBERT A
Address: 363 MACEWAN
City-St-Zip: OSPREY, FL 34229

Title: MGRM () Delete
Name: SMITH, NANCY L
Address: 363 MACEWAN
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMITH, ROBERT A
Address: 363 MACEWEN DR.
City-St-Zip: OSPREY, FL 34229

Title: MGRM (X) Change () Addition
Name: SMITH, NANCY L
Address: 363 MACEWEN DR.
City-St-Zip: OSPREY, FL 34229

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT A. SMITH

MGR

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date