



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90425 033 ****50.00

DOCUMENT # L02000029324 1. Entity Name JOHN DAVID SMITH, LLC																							
Principal Place of Business 49 ROYAL PALM POINTE, SUITE 200 VERO BEACH, FL 32960			Mailing Address 49 ROYAL PALM POINTE, SUITE 200 VERO BEACH, FL 32960																				
2. Principal Place of Business 80 Royal Palm Pointe Suite, Apt. #, etc. Suite 203 City & State		3. Mailing Address 80 Royal Palm Pointe Suite, Apt. #, etc. Suite 203 City & State																					
Zip Country		Zip Country		03312005 Chg-LLC CR2E083 (10/03) 4. FEI Number 65-0761179 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, JOHN D 49 ROYAL PALM PTE STE 200 VERO BEACH, FL 32960																			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 80 Royal Palm Pointe, Suite 203 City FL Zip Code				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 _____																			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td>NAME</td> <td>SMITH, JOHN D</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>49 ROYAL PALM POINTE STE 201</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VERO BEACH, FL 32960</td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	SMITH, JOHN D	<input type="checkbox"/>	STREET ADDRESS	49 ROYAL PALM POINTE STE 201		CITY-ST-ZIP	VERO BEACH, FL 32960							
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10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS					CITY-ST-ZIP					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.	
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NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
STREET ADDRESS																							
CITY-ST-ZIP																							
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		3/31/05 (772)778-4666 Date Daytime Phone #																					