## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1. Entity Name

JOHN DAVID SMITH, LLC

**DOCUMENT # L02000029324** 

Principal Place of Business

**80 ROYAL PALM POINTE** 

SUITE 203

VERO BEACH, FL 32960 US Maiting Address

**80 ROYAL PALM POINTE** 

SUITE 203

VERO BEACH, FL 32960 US

## DO NOT WRITE IN THIS SPACE

01222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0761179

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

**FILED** 

Apr 30, 2007 08:00 Al Secretary of State

6. Name and Address of Current Registered Agent

SMITH, JOHN D 80 ROYAL PALM POINTE **SUITE 203** VERO BEACH, FL 32960

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chi tions of registered agent.	anging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and title it applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	SMITH, JOHN D		
STREET ADDRESS	80 ROYAL PALM PTE., STE 203		U00000745180
CITY-ST-ZIP	VERO BEACH, FL 32960		05/16/07-80019-010 50.bd
TITLE	i i i i i i i i i i i i i i i i i i i		00,10,01,00010,010,010,00,00
NAME			
STREET ADDRESS			į
CITY, ST. 7/P			

DO NOT WRITE IN THIS SPACE

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 occurate 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:

TITLE NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

> SIGNATURE TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #