# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 14, 2008**
**Secretary of State**

DOCUMENT# L03000033805

**Entity Name:** SMITH CAPITAL GROUP LLC

**Current Principal Place of Business:**

8229 SEVEN MILE DR.
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 51103
JACKSONVILLE BEACH, FL 32240

**New Mailing Address:**

**FEI Number: 20-0207564** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, BRIAN
24778 DEER TRACE DR.
PONTE VEDRA BEACH, FL 32082 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, SCOTT
Address: PO BOX 51103
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: MGRM ( ) Delete
Name: SMITH, BRIAN
Address: PO BOX 51103
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: MGRM ( ) Delete
Name: SMITH, ARNOLD
Address: PO BOX 51103
City-St-Zip: JACKSONVILLE BEACH, FL 32240

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ARNOLD J. SMITH MGRM 04/14/2008

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