## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ANNUAL REPORT (AR)				FILED Mar 31, 2006 08:00 AM		
DOCUMENT # L03000047957 1. Entity Name				Secretary of State		TVI
LYNN E	SMITH LLC			<del>y</del>		
Principal Place of Business		Mailing Address				
1216 WEST WELLINGTON DR DELTONA FL 32725 US		1216 WEST WELLINGTON DR DELTONA FL 32725 US				
2. Principal Place of Business		3. Mailing Address		C CORRUGIC DEC BEAUTE STAN DE HE DE HE	BOW BOW GOOD COOL INCO CHIL IN	OBL ISS SCES
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE	CR2E083 (10/05)	
City & State		City & State		4. FEI Number 20-0420115	= }}	pli <mark>ed</mark> For LApplicat
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Addi	tiona)
	6. Name and Address of Current i	Registered Agent	Name	7. Name and Address of New F	legistered Agent	
121	ITH, LYNN E 6 WEST WELLINGTON DR LTONA FL 32725		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
54.	-1010(12 02720		City		FL Zip Code	
the obliga	e named entity submits this statement for tions of registered agent.	the purpose of changing its	s registered office at regist	ered agent, or both, in the State of Fid	urida. I am lamiliar with, a	and acce;
SIGNATURE	Signature, typed or printed hame of registered agent a	no une a applicable (NO)	lE: Registered Agent signature requi	red when reinsfulling)	DATE	
		Make Check Payab	OW!!! FEE IS \$50.00 ble to Florida Departm te By May 1, 2006			
9.	MANAGING MEMBEI		<b>I</b> 10.	ADDITIONS	CHANGES	
TISLE	MGR	Delete	HILE	ADDITIONS	☐ Change	Addin.
NAME STREET ADDRESS C/TY-ST-ZIP	SMITH, LYNN E 1216 WEST WELLINGTON DR DELTONA FL 32725		NAME STHEET ADDRESS CHY-ST-ZIP	U000004; 04/13/06-8	37387 0076-005 50.00	
THEE NAME STREET ADDRESS CCTY-ST-ZIP		☐ Delete	HTLE NAME STREET ADDRESS CUTY-ST-ZIP		☐ Change	DAT
TITLE NAME STREE) AUDHESS CITY-ST-ZIP	-	∏ Nelgie	HITE NAME STREET ADDRESS CUTY-ST-LTP	•	☐ Change	□ Meess
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	IIILE SAME STREET ADDRESS CITY-SI-ZIP		Change	<b>□</b> Arkiiii
TITLE NAME STREET ADURESS CITY-ST-ZIP		☐ Celete	IRICE NAME SIREET ADDRESS CITY - ST-2IP		☐ Change	∏ Addin
TITLE MAME STREET ADDRESS CHTY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	□ Al-
indicated	certify that the information supplied with ton this report is true and accurate and ability company or the receiver or truste	' that my signature shall hav	re the same legal effect as	s it made under oath; that I am a ma	further certify that the in naging member or mana-	formation ger of the

3-27-06

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