


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED 04-28-2004 90078 U30 \*\*\*\*\*50.00  
L03000050362

2004 AUG -2 PM 12: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

34005860

<b>DOCUMENT # L03000050362</b> 1. Entity Name <b>SMITH INVESTMENTS, LLC</b>					
Principal Place of Business 50 N LAURA ST, STE 2900 JACKSONVILLE, FL 32202		Mailing Address 50 N LAURA ST, STE 2900 JACKSONVILLE, FL 32202			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. Name and Address of Current Registered Agent <b>MILAM HOWARD NICANDRI DEES &amp; GILLAM, P.A.</b> 50 N LAURA ST, STE 2900 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City: _____ <b>FL</b> Zip Code _____		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			Make check payable to Florida Department of State		
8. MANAGING MEMBERS / MANAGERS			9. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>James C. Smith</u>			Date: <u>4-26-04</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



02092004 Chg-LLC CR2E083 (10/03)

FEI Number 02-0712846

Applied For  
Not Applicable