2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050362

Entity Name: SMITH INVESTMENTS, LLC

FILED Aug 26, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

50 N LAURA ST, STE 2900 6817 SOUTHPOINT PARKWAY, SUITE 1302

JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32216

Current Mailing Address: New Mailing Address:

50 N LAURA ST, STE 2900 6817 SOUTHPOINT PARKWAY, SUITE 1302

JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32216

FEI Number: 02-0712846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

WOILCOX LAW FIRM ONE DEERWOOD PLACE

10201 CENTURION PKWY, SUITE 600 JACKSONVILLE, FL 32256 US

6817 SOUTHPOINT PARKWAY, SUITE 1302 JACKSONVILLE, FL 32216

WILCOX LAW FIRM

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: ROBERT WILCOX 08/26/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition

SMITH, JAMES C Name: Name: SMITH, JAMES C Address: 50 N LAURA ST., SUITE 2800 Address: 6817 SOUTHPOINT PARKWAY, SUITE 1302

City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: JAMES C. SMITH **MGRM** 08/26/2006