## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050362

Name:

Entity Name: SMITH INVESTMENTS, LLC

**FILED** Apr 18, 2008 Secretary of State

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

6817 SOUTHPOINT PARKWAY, SUITE 1202 6817 SOUTHPOINT PARKWAY, SUITE 1302 JACKSONVILLE, FL 32216

JACKSONVILLE, FL 32216

**Current Mailing Address: New Mailing Address:** 

6817 SOUTHPOINT PARKWAY, SUITE 1302 6817 SOUTHPOINT PARKWAY, SUITE 1202

JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216

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

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

WILCOX LAW FIRM WILCOX LAW FIRM

6817 SOUTHPOINT PARKWAY, SUITE 1302 6817 SOUTHPOINT PARKWAY, SUITE 1202 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216

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: 04/18/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

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

SMITH, JAMES C SMITH, JAMES C 6817 SOUTHPOINT PARKWAY, SUITE 1302 Address: Address: 6817 SOUTHPOINT PARKWAY, SUITE 1202

Name:

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

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: JAMES C. SMITH 04/18/2008