

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90153 045 ****50.00

DOCUMENT # L03000055674

1. Entity Name

SMART-GIBSON FAMILY ENTERPRISES, L.L.C.



Principal Place of Business

1223 AIRPORT ROAD
SUITE 101
DESTIN FL 32541

Mailing Address

1223 AIRPORT ROAD
SUITE 101
DESTIN FL 32541

20014303



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

711 Park Lake Circle
Orlando,
City & State
Florida, 32803

3. Mailing Address

711 Park Lake Circle
Orlando, FL
City & State
Florida

4. FEI Number 20-0392253

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAVENS, JASON E
1223 AIRPORT ROAD
SUITE 101
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name Linda G. Egan

Street Address (P.O. Box Number is Not Acceptable)

711 Park Lake Circle

City Orlando

FL

Zip Code 32803

8. 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

Linda G. Egan

2-17-2005

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME GIBSON, W. C
STREET ADDRESS P.O. BOX 208
CITY-ST-ZIP SAPPHERE NC 28774

TITLE MGR ☐ Delete
NAME EGAN, LINDA G
STREET ADDRESS 711 PARK LAKE CIRCLE
CITY-ST-ZIP ORLANDO FL 32803

TITLE MGR ☐ Delete
NAME GIBSON, A. R
STREET ADDRESS 716 SPRING LAKE
CITY-ST-ZIP DESTIN FL 32541

TITLE MGR ☐ Delete
NAME RISALVATO, THOMAS J
STREET ADDRESS 348 MIRACLE STRIP PARKWAY
CITY-ST-ZIP FORT WALTON BEACH FL 32578

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 5501
CITY-ST-ZIP Destin, FL 32541

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 151 Mary Esther Blvd, Ste 301
CITY-ST-ZIP Mary Esther, FL 32569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Linda G. Egan *Linda G. Egan*

2-17-2005

407-898-1063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #