2008 LIMITED LIABILITY COMPANY

May 02, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # L03000056947** 1. Entity Name KENNY SMITH LLC Principal Place of Business Mailing Address 124 COLONIAL DRIVE 124 COLONIAL DRIVE AUBURNDALE, FL 33823 US AUBURNDALE, FL 33823 04152008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1697276 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, KENNY E DO NOT WRITE 124 COLONIAL DRIVE AUBURNDALE, FL 33823 IN THIS SPACE 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. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 05/29/08-80076-010 138.75 MANAGING MEMBERS/MANAGERS 9. TITLE NAME SMITH, KENNY E 124 COLONIAL DRIVE STREET ADDRESS AUBURNDALE, FL 33823 CITY - ST - ZIP MGR TITLE SMITH, ROBERT E NAME 124 COLONIAL DR STREET ADDRESS AUBURNDALE, FL 33823 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutos. 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED