2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# L04000002346

Entity Name: JIM SMITH INSURANCE AGENCY, LLC

Current Principal Place of Business:

1700 N. MONROE STREET, STORE 14
TALLAHASSEE, FL 32301

New Principal Place of Business:

1700 N. MONROE STREET, STORE 14
TALLAHASSEE, FL 32303

Current Mailing Address:

1700 N. MONROE STREET, STORE 14
TALLAHASSEE, FL 32301

New Mailing Address:

1700 N. MONROE STREET, STORE 14
TALLAHASSEE, FL 32303

FEI Number: 20-0583975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, JAMES H
1700 N. MONROE STREET, STORE 14
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

SMITH, JAMES H
1700 N. MONROE STREET, STORE 14
TALLAHASSEE, FL 32303 US

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: 04/18/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: SMITH, JAMES H
Address: 1700 N. MONROE STREET, STORE 14
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SMITH, JAMES H
Address: 1700 N. MONROE STREET, STORE 14
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the 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 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 H. SMITH PRES 04/18/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date