

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


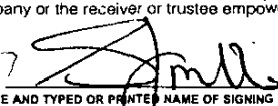
**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90136 030 \*\*\*\*50.00

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|--|--|--|---|--|--|
| DOCUMENT # L04000004984  |  |  |   |   |  |
| 1. Entity Name<br>MEINSMITH ENTERPRISES, LLC   |  |  |   |  |  |
| Principal Place of Business<br>2065 HWY AIA<br># 1304<br>INDIAN HARBOR BEACH, FL 32937 US  |  |  | Mailing Address<br>2065 HWY AIA<br># 1304<br>INDIAN HARBOR BEACH, FL 32937 US |  |  |
| 2. Principal Place of Business<br>565 Teakwood Ave<br>Suite, Apt. #, etc.  |  |  | 3. Mailing Address<br>565 Teakwood Ave.<br>Suite, Apt. #, etc.                |  |  |
| City & State<br>Indian Harbor Beach, FL  |  | City & State<br>Indian Harbor Beach, FL              |   | 4. FEI Number<br>20-1244439  |  |
| Zip<br>32937   |  | Country<br>Brevard                                   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br>SMITH, SUSAN J<br>285 POINCIANA DR<br>INDIAN HARBOR BEACH, FL 32937   |  |  |   | 7. Name and Address of New Registered Agent<br>Name Susan J. Smith<br>Street Address (P.O. Box Number is Not Acceptable)<br>565 Teakwood Avenue<br>Indian Harbor Beach FL Zip Code 32937 |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |  | Make check payable to<br>Florida Department of State |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>SMITH, SUSAN J<br>2065 HWY AIA<br>INDIAN HARBOUR BEACH, FL 32937 | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | MGRM<br>Smith, Susan J<br>565 Teakwood Ave<br>Indian Harbor Beach, FL 32937  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>SMITH, JASON I<br>2065 HWY AIA<br>INDIAN HARBOUR BEACH, FL 32937 | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | MGRM<br>Smith, Jason I<br>565 Teakwood Ave<br>Indian Harbor Beach, FL 32937  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:    |  |  | Date: 28 Feb 2006   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  | Daytime Phone #   |  |  |