2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State
02-02-2007 90037 008 ****50.00

DOCUMENT # L04000004984

1. Entity Name
MEINSMITH ENTERPRISES, LLC

Principal Place of Business	Mailing Address
565 TEAKWOOD AVE INDIAN HARBOR BEACH, FL 32937 US	565 TEAKWOOD AVE INDIAN HARBOR BEACH, FL 32937 US

DO NOT WRITE IN THIS SPACE

01162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1244439
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, SUSAN J
565 TEAKWOOD AVE
INDIAN HARBOR BEACH, FL 32937

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SMITH, SUSAN J
STREET ADDRESS	565 TEAKWOOD AVE
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937
TITLE	MGRM
NAME	SMITH, JASON I
STREET ADDRESS	565 TEAKWOOD AVE
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Smith 02/19/07 321-777-4798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #