

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011333

Entity Name: CHRISTOPHER L. SMITH, LLC

FILED
May 22, 2006
Secretary of State

Current Principal Place of Business:

7816 SOUTHSIDE BLVD
#206
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

2842 SEARCHWOOD DR
JACKSONVILLE, FL 32277 US

Current Mailing Address:

7816 SOUTHSIDE BLVD
#206
JACKSONVILLE, FL 32256 US

New Mailing Address:

2842 SEARCHWOOD DR
JACKSONVILLE, FL 32277 US

FEI Number: 90-0145682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, CHRISTOPHER
7816 SOUTHSIDE BLVD
#206
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

SMITH, CHRISTOPHER
2842 SEARCHWOOD DR
JACKSONVILLE, FL 32277 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:

05/22/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITH, CHRISTOPHER L
Address: 7816 SOUTHSIDE BLVD, #206
City-St-Zip: JACKSONVILLE, FL 32256 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMITH, CHRISTOPHER L
Address: 2842 SEARCHWOOD DR
City-St-Zip: JACKSONVILLE, FL 32277 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CHIRSTOPHER L. SMITH

MGRM

05/22/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date