

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90100 024 ****50.00

DOCUMENT # L04000017006

1. Entity Name

ALEXANDER B. SMITH L.L.C.



Principal Place of Business

67 ANCHOR DRIVE, UNIT A
 N. KEY LARGO FL 33037

Mailing Address

67 ANCHOR DRIVE, UNIT A
 N. KEY LARGO FL 33037

2. Principal Place of Business

67 Anchor DR.
 Suite, Apt. #, etc.
 Unit A

3. Mailing Address

67 Anchor DR
 Suite, Apt. #, etc.
 Unit A

City & State

KEY LARGO, FLORIDA

City & State

KEY LARGO, FLORIDA

Zip
 33037

Country
 USA

Zip
 33037

Country
 USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MERCER, FRANK J
 1292 TIMBERLANE ROAD
 TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

ALEXANDER B. SMITH
 Signature, typed or printed name of registered agent and title if applicable

Alexander B. Smith
 (NOTE: Registered Agent signature required when reinstating)

2/1/05
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	SMITH, ALEXANDER B.	67 ANCHOR DRIVE, UNIT A	N. KEY LARGO FL 33037	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

Alexander B. Smith

ALEXANDER B. SMITH

2/01/05-305-367-3393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #