

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90133 034 \*\*\*\*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: **STOCK MARKET**  
 Suite, Apt. #, etc.: **67 Anchor Dr. unit A**  
 3. Mailing Address: **67 ANCHOR DR.**  
 Suite, Apt. #, etc.: **unit A**

1st MOORE CR2E083 (10/05)

City & State: **KEY LARGO, FL.**  
 Zip: **33037** Country: **MOOROE**  
 City & State: **KEY LARGO, FL.**  
 Zip: **33037** Country: **MOOROE**

4. FEI Number: **NO-T APPLICABLE**  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Alexander B. Smith* **ALEXANDER B. SMITH** 2/15/06  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #