

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

04-13-2006 90039 018 ****50.00
 L04000017006

DOCUMENT # L04000017006
 1. Entity Name
ALEXANDER B. SMITH L.L.C.



FILED
 06 APR 20 AM 7:26



Principal Place of Business Mailing Address
STOCK MARKET **67 ANCHOR DRIVE**
67 ANCHOR DR UNIT A **UNIT A**
KEY LARGO FL 33037 **N. KEY LARGO FL 33037**

2. Principal Place of Business 3. Mailing Address
Key Largo **67 Anchor Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
A **A**

City & State City & State
Key Largo **Key Largo**
 Zip Country Zip Country
33037 **MOUROE** **33037** **MOUROE**

4. FEI Number Applied For
NOT APPLICABLE 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 **Mr. WILLIAM ANDERSON**
 Street Address (P.O. Box Number is Not Acceptable)
99330 Overseas Hwy.
Key Largo
 City **FL** Zip Code
33039

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* DATE

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, ALEXANDER B 67 ANCHOR DRIVE, UNIT A N. KEY LARGO FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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.