

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038540

FILED  
Mar 30, 2006  
Secretary of State

Entity Name: SMITH, THOMAS & HENDRIX LLC

**Current Principal Place of Business:**

152 SE DEFENDER DRIVE  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

152 SE DEFENDER DRIVE  
LAKE CITY, FL 32025

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HENDRIX, SABRINA K  
436 SW BISHOP AVENUE  
LAKE CITY, FL 32024 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HENDRIX, SABRINA K  
Address: 436 SW BISHOP AVENUE  
City-St-Zip: LAKE CITY, FL 32024

Title: MGRM ( ) Delete  
Name: THOMAS, DERRICK  
Address: 206 SW CREST GLENN  
City-St-Zip: LAKE CITY, FL 32024

Title: MGRM ( ) Delete  
Name: SMITH, JENNIFER J  
Address: RT 27 BOX 2486  
City-St-Zip: LAKE CITY, FL 32024

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SABRINA K HENDRIX

MGRM

03/30/2006

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