

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000043215

1. Entity Name
JAMES SMITH ENTERPRISES LC



Principal Place of Business
**156 IRON GATE CIRCLE
PORT ORANGE, FL 32129 US**

Mailing Address
**156 IRON GATE CIRCLE
PORT ORANGE, FL 32129 US**



03262006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0724422	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, JAMES A
156 IRON GATE CIRCLE
PORT ORANGE, FL 32129**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, JAMES A 156 IRON GATE CIRCLE PORT ORANGE, FL 32129
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**000000485427
04/12/06-80081-022 \$0.00**

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

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

JAMES SMITH.

3-28-06

Date

386-233-0929

Daytime Phone #