2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000043215

1. Entity Name
JAMES SMITH ENTERPRISES LC

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

DO NOT WRITE IN THIS SPACE

04022007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
02-0724422		Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 reinstating)   DATE

Filing Fee Is $50.00
Due by May 1, 2007

000000692894
04/16/07-80017-024 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SMITH, JAMES A
STREET ADDRESS	156 IRON GATE CIRCLE
CITY-ST-ZIP	PORT ORANGE, FL 32129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _JAMES SMITH_   4-04-07   386-233-0929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #