
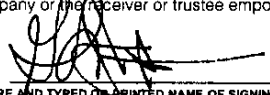


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90213 014 ****50.00

DOCUMENT # L04000057449 1. Entity Name SMITH/ARNONE INVESTMENT, LLC					
Principal Place of Business 139 LOQUAT RD. N.E. LAKE PLACID, FL 33852 US			Mailing Address 139 LOQUAT RD. N.E. LAKE PLACID, FL 33852 US		
2. Principal Place of Business - No P.O. Box # 206 N. MAIN Avenue Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2680 Suite, Apt. #, etc.			
City & State LAKE PLACID, FL		City & State LAKE PLACID, FL		4. FEI Number 20-1447576	
Zip 33852 Country US		Zip 33862 Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ARNONE, GREGORY L 139 LOQUAT RD. N.E. LAKE PLACID, FL 33852			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 _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <input checked="" type="checkbox"/> MGR NAME <input checked="" type="checkbox"/> ARNONE, GREGORY L STREET ADDRESS PO BOX 2680 CITY-ST-ZIP LAKE PLACID, FL 33862			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: 			Date 1/9/07 Daytime Phone # (863) 699-1723		