

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075038

FILED
Jul 19, 2005
Secretary of State

Entity Name: ROBERT P. SMITH AND ASSOCIATES,LLC

Current Principal Place of Business:

5591 MACKABOY COURT
N/A
FT. MYERS, FL 33905

New Principal Place of Business:

5591 MACKABOY COURT
FT. MYERS, FL 33905

Current Mailing Address:

5591 MACKABOY COURT
N/A
FT. MYERS, FL 33905

New Mailing Address:

5591 MACKABOY COURT
FT. MYERS, FL 33905

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, ROBERT P
5591 MACKABOY COURT
N/A
FT. MYERS, FL 33905 US

Name and Address of New Registered Agent:

SMITH, ROBERT P
5591 MACKABOY COURT
FT. MYERS, FL 33905 US

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: ROBERT P. SMITH

07/19/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SMITH, ROBERT P
Address: 5591 MACKABOY COURT
City-St-Zip: FT. MYERS, FL 33905

Title: MGR () Delete
Name: TOCCI, CHARLESSA S
Address: 5591 MACKABOY COURT
City-St-Zip: FT. MYERS, FL 33905

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), 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: ROBERT P. SMITH

MGR

07/19/2005

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