2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082660

102 PERDIDO CIRCLE

NICEVILLE, FL 32578

Address:

City-St-Zip:

Entity Name: KIMBERLY SMITH PROPERTIES LLC

FILED May 01, 2005 Secretary of State

| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
|---|--------------------------------|---|--|-------------------------------------|--|
| 102 PERDIDO NICEVILLE, F | | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 102 PERDIDO NICEVILLE, F | | | | | |
| FEI Number: In accordance v | | Applied For (X) le limited liability comp | FEI Number Not Applicable() any did not receive the prior notice. | Certificate of Status Desired () | |
| Name and Ad | ddress of Current Regi | stered Agent: | Name and Address of | New Registered Agent: | |
| REPINSKI, SO 406 MAXWEL INDIAN ROCK | | US | | | |
| The above na in the State of | | statement for the pu | rpose of changing its registered | office or registered agent, or both | |
| SIGNATURE: | | | | | |
| | Electronic Signature | of Registered Agen | t | Date | |
| MANAGING MEMBERS/MEMBERS: | | | ADDITIONS/CHANGES: | ADDITIONS/CHANGES: | |
| | GR () Delete MITH, KIMBERLY | | Title: (Name: |) Change () Addition | |

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: KIMBERLY SMITH MGR 05/01/2005