


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90102 025 ****50.00


DOCUMENT # L04000087262	
1. Entity Name CHRISTI SMITH CAREGIVER, LLC	

Principal Place of Business 1502 SOUTH RIVERSIDE DRIVE NEW SYMRNA BEACH FL 32168	Mailing Address 1502 SOUTH RIVERSIDE DRIVE NEW SYMRNA BEACH FL 32168
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2. Principal Place of Business Suite, Apt. #, etc. 7859 219th PL.	3. Mailing Address P.O. Box 6144 Suite, Apt. #, etc.
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City & State LIVE OAK FLORIDA	City & State LIVE OAK FL
Zip 32060	Country SUWANNEE
Zip 32064	Country SUWANNEE

20045476



1st MOORE CR2E083 (10/04)

4. FEI Number 201997308	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, CHRISTI 1502 SOUTH RIVERSIDE DRIVE NEW SYMRNA BEACH FL 32168	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 _____

FILE NOW!!! FEE IS \$50.00	
Make Check Payable to Florida Department of State	
Due By May 1, 2005	

9. MANAGING MEMBERS/MANAGERS	
TITLE MGRM	<input type="checkbox"/> Delete
NAME SMITH, CHRISTI	
STREET ADDRESS 1502 SOUTH RIVERSIDE DRIVE	
CITY-ST-ZIP NEW SYMRNA BEACH FL 32168	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Smith, Christi	
STREET ADDRESS 7859 219th PL.	
CITY-ST-ZIP LIVE OAK FLORIDA 32060	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Christi Smith, LLC Christi Smith **4-10-05 386-566-4754**

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