

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000007749

1. Entity Name
RIVERSMITH, LLC



**FILED
Mar 24, 2006 8:00 am
Secretary of State**

03-24-2006 90218 021 ****50.00

Principal Place of Business
511 ST. JOHNS AVENUE
PALATKA, FL 32177

Mailing Address
P. O. BOX 1354
PALATKA, FL 32178



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03212006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2215172

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, TITO S
511 ST. JOHNS AVENUE
PALATKA, FL 32177

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

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, 2006**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, TITO S		NAME	
STREET ADDRESS	P. O. BOX 1354		STREET ADDRESS	
CITY-ST-ZIP	PALATKA, FL 32178		CITY-ST-ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CHARLES J		NAME	
STREET ADDRESS	511 WEST TOWLES AVENUE		STREET ADDRESS	
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP	
TITLE	-	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-		NAME	
STREET ADDRESS	-		STREET ADDRESS	
CITY-ST-ZIP	-		CITY-ST-ZIP	
TITLE	-	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-		NAME	
STREET ADDRESS	-		STREET ADDRESS	
CITY-ST-ZIP	-		CITY-ST-ZIP	
TITLE	-	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-		NAME	
STREET ADDRESS	-		STREET ADDRESS	
CITY-ST-ZIP	-		CITY-ST-ZIP	
TITLE	-	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-		NAME	
STREET ADDRESS	-		STREET ADDRESS	
CITY-ST-ZIP	-		CITY-ST-ZIP	

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.

3/21/06

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #