

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90151 013 ****50.00

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01172007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000019503 1. Entity Name 401 E SMITH STREET, LLC					
Principal Place of Business 401 E SMITH ST WINTER GARDEN, FL 34787			Mailing Address 401 E SMITH ST WINTER GARDEN, FL 34787 US		
2. Principal Place of Business - No P.O. Box # 310 S. DILLARD ST.		3. Mailing Address PO Box 770999			
Suite, Apt. #, etc. #110		Suite, Apt. #, etc.			
City & State Winter Garden, FL		City & State Winter Garden, FL			
Zip 34787		Country USA		Zip 34777	
Country USA		4. FEI Number 83-0420661			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BIERMAN, JOHN O 9600 WEATHERSTONE CT WINDERMERE, FL 34786			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY - ST - ZIP	MGR BIERMAN, JOHN O 9600 WEATHERSTONE CT WINDERMERE, FL 34786 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: JOHN BIERMAN			Date 1/18/07 Daytime Phone # 321-947-1081		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					