2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# L05000052016

Entity Name: ANDREWS, SMITH, & ASSOCIATES, LLC

Current Principal Place of Business:

238 MONET DRIVE
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

238 MONET DRIVE
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORETTI, LYDIA M
238 MONET DRIVE
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MORETTI, LYDIA M
Address: 238 MONET DR.
City-St-Zip: NOKOMIS, FL 34275

Title: MGRM ( ) Delete
Name: MORETTI, JAMES A
Address: 4900 BAYVIEW DR. (#28)
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: MGRM ( ) Delete
Name: MORETTI, MICHAEL A
Address: 440 BRIARWOOD
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: MORETTI, JAMES A
Address: 1816 NE 11TH AVENUE (#3C)
City-St-Zip: FT. LAUDERDALE, FL 33305

Title: MGRM (X) Change ( ) Addition
Name: MORETTI, MICHAEL A
Address: 238 MONET DRIVE
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LYDIA M MORETTI MGRM 04/30/2006

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