

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90042 036 \*\*\*\*50.00

**DOCUMENT # L05000054306**

1. Entity Name

**SMITH PROPERTIES OF LAKE LAND, LLC**



Principal Place of Business

**2727 COVENTRY AVENUE  
LAKE LAND, FL 33803 US**

Mailing Address

**2727 COVENTRY AVENUE  
LAKE LAND, FL 33803 US**

2. Principal Place of Business

**1050 LAKE HOLLINGSWORTH DR**

3. Mailing Address

**1050 LAKE HOLLINGSWORTH DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07092006

Chg-LLC

CR2E083 (11/05)

City & State

**LAKE LAND, FL**

City & State

**LAKE LAND, FL**

4. FEI Number

**20-2963535**

Applied For

Not Applicable

Zip

**33803**

Country

**USA**

Zip

**33803**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, CHARLES P  
1050 LAKE HOLLINGSWORTH DRIVE  
LAKE LAND, FL 33803**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Charles P. Smith*

*7/7/06*

**Filing Fee is \$50.00  
Due by September 6, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SMITH, CHARLES P 2727 COVENTRY AVENUE LAKE LAND, FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DUKE, SHELLEY C 2727 COVENTRY AVENUE LAKE LAND, FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SMITH, ASHLEY K 2727 COVENTRY AVENUE LAKE LAND, FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

*Charles P. Smith*

*7/7/06*