


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000061701 1. Entity Name CLEMMONS-SMITH, LLC	
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Principal Place of Business 15544 NW 25TH TERRACE GAINESVILLE, FL 32609	Mailing Address P.O. BOX 5893 GAINESVILLE, FL 32627
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DO NOT WRITE IN THIS SPACE



03262007 No Chg-LLC

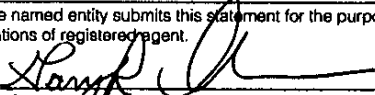
CR2E083 (11/05)

4. FEI Number 59-3809928	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CLEMMONS, GARY 15544 NW 25TH TERRACE GAINESVILLE, FL 32609
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IN THIS SPACE**

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 _____

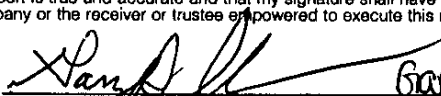
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLEMMONS, GARY 15544 NW 25TH TERRACE GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, THOMAS W 8000 NE 47TH DRIVE GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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UD00000685740
04/09/07-80017-023 50.00

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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:  **Gary R. Clemmons** 3-27-07 386-418-2114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #