2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 30, 2008 08:00 AM **DOCUMENT # L05000061701** Secretary of State 1. Entity Name CLEMMONS-SMITH, LLC Principal Place of Business Mailing Address 15544 NW 25TH TERRACE P.O. BOX 5893 GAINESVILLE, FL 32609 GAINESVILLE, FL 32627 CR2E083 (12/07) 04082008No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3809928 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CLEMMONS, GARY DO NOT WRITE 15544 NW 25TH TERRACE GAINESVILLE, FL 32609 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 d agent and the filappicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME CLEMMONS, GARY 15544 NW 25TH TERRACE STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32609 MGRM TITLE SMITH, THOMAS W NAME. STREET ADDRESS 8000 NE 47TH DRIVE GAINESVILLE, FL 32609 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS

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.

FILED