

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063920

Entity Name: MCNIEL & SMITH ONE, LLC

FILED
Apr 17, 2006
Secretary of State

Current Principal Place of Business:

1234 SHORECREST CIR
CLERMONT, FL 34711

New Principal Place of Business:

P.O. BOX 560501
MONTVERDE, FL 34756

Current Mailing Address:

1234 SHORECREST CIR
CLERMONT, FL 34711

New Mailing Address:

P.O. BOX 560501
MONTVERDE, FL 34756

FEI Number: 20-3399845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, EDWARD R JR
200 S. ORANGE AVE., STE 1220
ORLANDO, FL 32801 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: D () Change (X) Addition
Name: SMITH, MONTILEE
Address: P.O. BOX 560501
City-St-Zip: MONTVERDE, FL 34756

Title: D () Change (X) Addition
Name: SMITH, JAMES R
Address: P.O. BOX 560501
City-St-Zip: MONTVERDE, FL 34756

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: MONTILEESMITH

D

04/17/2006

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