## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jul 25, 2006 8:00 am Secretary of State

DOCUMENT # L05000066642  1. Entity Name CHARLES L. SMITH, LLC							07-25-2006 90085 050 ****50.00		
1326 REYNOLDS ROAD 1326			illing Address 326 REYNOLDS ROAD AKELAND, FL 33801		1 10 11 12 11 11 11		ARINA ANNA ANNA ANNA A	<b>15 (6 ) (8 0 6)</b> (7) (7 <b>0 8</b> )	
2. Principal Place of Business		3.	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		07212006	Chg-LLC	CR2E083 (11/	/05)	
City & State			City & State		4. FEI Number	38186°	10	Applied For Not Applicable	
Zip	Country		Zip	Coun	ntry		of Status Desired	Fee Re	Additional quired
	6. Name and Address	of Current Regi	stered Agent		N	7. Name and	Address of New Re	egistered Agent	
	HARLES L NOLDS ROAD D, FL 33801				Street Address	s (P.O. Box Numbe	r is Not Acceptable	)	
*,					City		· · · · · · · · · · · · · · · · · · ·	FL Zip	Code
8. The above the obligation	named entity submits this ions of registered agent.	statement for the	purpose of changing it	s register	ed office or regis	tered agent, or both	n, in the State of Flor	rida. I am familiar	with, and accept
SIGNATURE	Signature, typed or printed name of	registered agent and title	e if applicable. (NO	TE: Pogistere	ed Agent signatura requi	red when reinstating)		DATE	
Filing Fee is \$50.00 Due by September 6, 2006									
Fil	ing Fee is \$50.00 by September 6, 200	D6						check payable Department of	
Fil	y September 6, 200	D6	MANAGERS	10.			Florida	Department of	
9.  INTLE NAME	MANAG MGR SMITH, CHARLES L	ING MEMBERS/I	MANAGERS Delete	10. TITU NAM	.E			Department of	State
Fil Due b	MANAG MGR	ING MEMBERS/I		NAM STRE	.E		Florida	Department of CHANGES	State
9. IITLE NAME STREET ADDRESS	MANAG MGR SMITH, CHARLES L 1326 REYNOLDS RO.	ING MEMBERS/II AD 1		TITU NAM STRI CITY TITL NAM STRI	E AE EET ADDRESS Y-ST-ZIP		Florida	Department of CHANGES	State ange
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11. I hereby certify that the information supplied with this filling 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CICHATURE CHANGE & Emitt

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