


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 A
Secretary of State

DOCUMENT # L05000067826 1. Entity Name LACSMITH ASSOCIATES, LLC	
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Principal Place of Business 2203 FLAG MARSH ROAD MOUNT AIRY, MD 21771	Mailing Address 2203 FLAG MARSH ROAD MOUNT AIRY, MD 21771
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3381629	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GREENE, ROBERT F ESQ. 1301 SIXTH AVENUE W., SUITE 400 BRADENTON, FL 34205

**DO NOT WRITE
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
000000732102

01/23/08-80104-011 138.75

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, DAVID R 2203 FLAG MARSH ROAD MT. AIRY, MD 21771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LACKSMAN-SMITH, CAROL S 2203 FLAG MARSH ROAD MT. AIRY, MD 21771
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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: David R. Smith David R. Smith 1/16/08 410-956-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #