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May 03, 2007 8:00 am
Secretary of State
03-22-2007 90174 025 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000068945

1. Entity Name
BRUCE A. SMATHERS, LLC

30006623

Principal Place of Business	Mailing Address
1050 RIVERSIDE AVENUE JACKSONVILLE, FL 32204	1050 RIVERSIDE AVENUE JACKSONVILLE, FL 32204

2. Principal Place of Business - No P.O. Box #: 4745 Sutton Park Ct.
Suite, Apt. #, etc.: Ste 602
City & State: Jacksonville, FL
Zip: 32224 Country: Duval

3. Mailing Address: same as #2
Suite, Apt. #, etc.:
City & State:
Zip: Country:

01102007 Chg-LLC CR2E083 (12/06) 20-8928355

4. FEI Number: APPLIED FOR — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
STEWART, CARL M
1050 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SMATHERS, BRUCE A 1050 RIVERSIDE AVENUE JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4745 Sutton Park Ct. Ste 602 Jacksonville, FL 32224	☒ Change ☐ Addition
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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: Bruce A Smathers 3/17/2007 9043582201
Signature and typed or printed name of signing managing member, manager, or authorized representative — Date — Daytime Phone #

BRUCE A. SMATHERS