

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 31, 2007 08:00 AM  
Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L05000084142</b><br>1. Entity Name<br><b>SMITH CRAFTERS MARBLE &amp; GRANITE, LLC</b> |  |
|---|---|

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|--|--|
| Principal Place of Business<br><b>110 DR. ROBERTS DRIVE<br/>DEFUNIAK SPRINGS, FL 32433</b> | Mailing Address<br><b>110 DR. ROBERTS DRIVE<br/>DEFUNIAK SPRINGS, FL 32433</b> |
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**DO NOT WRITE IN THIS SPACE**



01262007 No Chg-LLC

CR2E083 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>20-3364008</b>                        | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br><b>SMITH, GREG<br/>110 DR. ROBERTS DRIVE<br/>DEFUNIAK SPRINGS, FL 32433</b> |
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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

**Filing Fee is \$50.00  
Due by May 1, 2007**

000000614432  
02/06/07-80028-023 55.00

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>SMITH, GREG<br>110 DR. ROBERTS DRIVE<br>DEFUNIAK SPRINGS, FL 32433 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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IN THIS SPACE**

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:** GREG SMITH **GREG SMITH** 1-29-07 850-890-0279  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #