


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 29, 2006 8:00 am**  
**Secretary of State**

08-29-2006 90074 048 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |                                                                    |                                                                                                                                                     |                                                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000090346</b><br>1. Entity Name<br><b>SMITH INVESTMENT PROPERTIES LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                                    |                                                                                                                                                     |                                                                           |  |
| Principal Place of Business<br><b>1725 E. MAHAN DR.<br/>TALLAHASSEE, FL 32308</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                    | Mailing Address<br><b>1725 E. MAHAN DR.<br/>TALLAHASSEE, FL 32308</b>                                                                               |                                                                                                                                                            |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                | 3. Mailing Address                                                 |                                                                                                                                                     |                                                                                                                                                            |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                | Suite, Apt. #, etc.                                                |                                                                                                                                                     |                                                                                                                                                            |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                | City & State                                                       |                                                                                                                                                     |                                                                                                                                                            |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                        | Zip                                                                | Country                                                                                                                                             | 4. FEI Number <b>08032006</b> Chg-LLC <b>CR2E083 (11/05)</b><br><input checked="" type="checkbox"/> Applied For<br><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                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |                                                                    | 7. Name and Address of New Registered Agent                                                                                                         |                                                                                                                                                            |  |
| <b>AGENTS AND CORPORATIONS, INC.</b><br><b>SUITE E, 773 4TH AVE. NORTH</b><br><b>NAPLES, FL 34102</b><br><i>GARY L SMITH Sr</i><br><i>1725 MAHAN DR Tall 7h 32308</i>                                                                                                                                                                                                                                                                                                                                    |                                                                                                |                                                                    | Name <b>GARY L SMITH</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1725 MAHAN DR</b><br>City <b>TALL FL</b> Zip Code <b>32308</b> |                                                                                                                                                            |  |
| 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.<br>SIGNATURE <i>Gary L Smith</i> DATE <b>8/21/06</b><br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>                                                        |                                                                                                |                                                                    |                                                                                                                                                     |                                                                                                                                                            |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by September 6, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                | <b>Make check payable to</b><br><b>Florida Department of State</b> |                                                                                                                                                     |                                                                                                                                                            |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                |                                                                    | 10. ADDITIONS/CHANGES                                                                                                                               |                                                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>MGR</b><br><b>SMITH, GARY L</b><br><b>1725 E. MAHAN DR.</b><br><b>TALLAHASSEE, FL 32308</b> | <input type="checkbox"/> Delete                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                | <input type="checkbox"/> Delete                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                | <input type="checkbox"/> Delete                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                | <input type="checkbox"/> Delete                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                | <input type="checkbox"/> Delete                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                | <input type="checkbox"/> Delete                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |  |
| 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: <i>Gary L Smith</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                    | Date <b>8/21/06</b><br><small>Date Daytime Phone #</small>                                                                                          |                                                                                                                                                            |  |

