

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90146 029 \*\*\*\*50.00

**DOCUMENT # L05000092512**

**1. Entity Name**  
**SMITH BROTHERS LLC**



**Principal Place of Business**  
**5235 SUTTON AVE**  
**WEST MELBOURNE, FL 32904**

**Mailing Address**  
**5235 SUTTON AVE**  
**WEST MELBOURNE, FL 32904**

**2. Principal Place of Business - No P.O. Box #**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162007

Chg-LLC

CR2E083 (12/06)

**4. FEI Number**  
**20-3559703**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BROTHERS, ROBERT P**  
**5235 SUTTON AVE**  
**WEST MELBOURNE, FL 32904**

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** MGRM ☐ Delete  
**NAME** BROTHERS, ROBERT P  
**STREET ADDRESS** 5235 SUTTON AVE  
**CITY-ST-ZIP** WEST MELBOURNE, FL 32904

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** MGRM ☐ Delete  
**NAME** SMITH, JUSTIN  
**STREET ADDRESS** 450 PINEY BASE BRANCH WAY  
**CITY-ST-ZIP** WEST MELBOURNE, FL 32905

**TITLE** ☒ Change ☐ Addition  
**NAME** 450 Piney Branch Way  
**STREET ADDRESS** West Melbourne, FL 32904  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:** *Robert P. Brothers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/22/07

Date

Daytime Phone #