2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L05000098454

Entity Name: WALTER E. & ANNETTE E. SMITH, L.L.C.

Current Principal Place of Business:

109 NORTH A STREET
PENSACOLA, FL 32501

New Principal Place of Business:

109 NORTH A STREET
PENSACOLA, FL 325023603 US

Current Mailing Address:

109 NORTH A STREET
PENSACOLA, FL 32501

New Mailing Address:

109 NORTH A STREET
PENSACOLA, FL 325023603 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, WALTER
109 NORTH A STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

SMITH, WALTER
109 NORTH A STREET
PENSACOLA, FL 325023603 US

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.

SIGNATURE: 04/16/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SMITH, GENE
Address: 109 NORTH A STREET
City-St-Zip: PENSACOLA, FL 32501

Title: MGRM ( ) Delete
Name: SMITH, ANNETTE
Address: 109 NORTH A STREET
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SMITH, GENE
Address: 109 NORTH A STREET
City-St-Zip: PENSACOLA, FL 325023603 US

Title: MGRM (X) Change ( ) Addition
Name: SMITH, ANNETTE
Address: 109 NORTH A STREET
City-St-Zip: PENSACOLA, FL 325023603 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GENE SMITH MGRM 04/16/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date