

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000109665

1. Entity Name
PATRICIA Z. SMITH, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 11 AM 10:43

Principal Place of Business
314 HARBOR BLVD
SUITE A
DESTIN, FL 32541

Mailing Address
~~49 5TH AVE~~
~~SHALIMAR, FL 32579~~
314 Harbor Blvd
Suite A
Shalimar FL
32579

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08302006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-2421442

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

SMITH, PATRICIA Z
~~49 5TH AVE~~
~~SHALIMAR, FL 32579~~

Name

Street Address (P.O. Box Number is Not Acceptable)

707 Russell Blvd

City

Fort Walton Beach

FL

Zip Code

32547

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

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
SMITH, PATRICIA Z
~~49 5TH AVE~~
SHALIMAR, FL 32579

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
Smith, Patricia Z
49 5th Avenue
Shalimar, FL 32579

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
SMITH, ROBERT J
49 5TH AVE
SHALIMAR, FL 32579

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change

☐ Addition

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CITY - ST - ZIP

☐ Change

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5 Sept 06

Date

Daytime Phone #