

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/10/06

**FILED**  
**Aug 18, 2006 8:00 am**  
**Secretary of State**

08-10-2006 90041 011 \*\*\*\*50.00

| <b>DOCUMENT # L05000109958</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                   |                                                                                                                                                                         |                                      |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
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| <b>1. Entity Name</b><br>SMITH PROPERTIES, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                   |                                                                                                                                                                         |                                      |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| <b>Principal Place of Business</b><br>803 6TH AVE SOUTH<br>JACKSONVILLE BEACH, FL 32250 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                                                   | <b>Mailing Address</b><br>P.O. BOX 50822<br>JACKSONVILLE BEACH, FL 32240 US                                                                                             |                                      |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| <b>2. Principal Place of Business</b><br>413 PABLO AVEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              | <b>3. Mailing Address</b><br>413 PABLO AVEN       |                                                                                                                                                                         |                                      |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              | Suite, Apt. #, etc.                               |                                                                                                                                                                         |                                      |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| <b>City &amp; State</b><br>JACKSONVILLE BEACH, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              | <b>City &amp; State</b><br>JACKSONVILLE BEACH, FL |                                                                                                                                                                         | <b>4. FEI Number</b><br>753 20 49 25 |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| <b>Zip</b><br>32250                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              | <b>Country</b><br>DUVAL                           |                                                                                                                                                                         | <b>Applied For</b><br>Not Applicable |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              | <b>\$5.00 Additional Fee Required</b>             |                                                                                                                                                                         |                                      |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>SMITH, MATTHEW C<br>803 6TH AVE SOUTH<br>JACKSONVILLE BEACH, FL 32250                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                                   | <b>7. Name and Address of New Registered Agent</b><br><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |                                      |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| <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.</b><br><br>SIGNATURE <u>Matthew Clay Smith</u> <b>MATTHEW CLAY SMITH</b> <u>8/8/06</u><br><small>Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when resigning)</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>                                                                                                      |                                      |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">PRESIDENT/CEO</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"></td> <td style="width: 30%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MATTHEW CLAY SMITH</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>413 PABLO AVE N</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>JACKSONVILLE BEACH, FL 32250</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </tbody> </table> |                              |                                                   |                                                                                                                                                                         |                                      |                                                                   | 9. MANAGING MEMBERS/MANAGERS |  |  | 10. ADDITIONS/CHANGES |  |  | TITLE | PRESIDENT/CEO | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | MATTHEW CLAY SMITH |  | NAME |  |  | STREET ADDRESS | 413 PABLO AVE N |  | STREET ADDRESS |  |  | CITY- ST- ZIP | JACKSONVILLE BEACH, FL 32250 |  | CITY- ST- ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  | CITY- ST- ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  | CITY- ST- ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  | CITY- ST- ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  | CITY- ST- ZIP |  |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                                   | 10. ADDITIONS/CHANGES                                                                                                                                                   |                                      |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PRESIDENT/CEO                | <input type="checkbox"/> Delete                   | TITLE                                                                                                                                                                   |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MATTHEW CLAY SMITH           |                                                   | NAME                                                                                                                                                                    |                                      |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 413 PABLO AVE N              |                                                   | STREET ADDRESS                                                                                                                                                          |                                      |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | JACKSONVILLE BEACH, FL 32250 |                                                   | CITY- ST- ZIP                                                                                                                                                           |                                      |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              | <input type="checkbox"/> Delete                   | TITLE                                                                                                                                                                   |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                                   | NAME                                                                                                                                                                    |                                      |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                   | STREET ADDRESS                                                                                                                                                          |                                      |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                   | CITY- ST- ZIP                                                                                                                                                           |                                      |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              | <input type="checkbox"/> Delete                   | TITLE                                                                                                                                                                   |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                                   | NAME                                                                                                                                                                    |                                      |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                   | STREET ADDRESS                                                                                                                                                          |                                      |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                   | CITY- ST- ZIP                                                                                                                                                           |                                      |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              | <input type="checkbox"/> Delete                   | TITLE                                                                                                                                                                   |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                                   | NAME                                                                                                                                                                    |                                      |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                   | STREET ADDRESS                                                                                                                                                          |                                      |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                   | CITY- ST- ZIP                                                                                                                                                           |                                      |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              | <input type="checkbox"/> Delete                   | TITLE                                                                                                                                                                   |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                                   | NAME                                                                                                                                                                    |                                      |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                   | STREET ADDRESS                                                                                                                                                          |                                      |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                   | CITY- ST- ZIP                                                                                                                                                           |                                      |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                   |                                                                                                                                                                         |                                      |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| <b>SIGNATURE:</b> <u>Matthew Clay Smith</u> <b>MATTHEW CLAY SMITH</b> <u>8/8/06</u> <u>904-246-8011</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                                   |                                                                                                                                                                         |                                      |                                                                   |                              |  |  |                       |  |  |       |               |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                 |  |                |  |  |               |                              |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |