## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jul 28, 2006 8:00 am Secretary of State

DOCUMENT # L05000118755  1. Entity Name SMITHCRAFT LLC							5	07-28-2006	_		
Principal Place of Business 6 MADEIRA DR ST. AUGUSTINE, FL 32080 US			Mailing Address 6 MADEIRA DR ST. AUGUSTINE, FL 32080 US								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				07252006	Chg-LLC	CR2E	083 (11/05)	
City & State			City & State				4. FEI Number 20	393880	28		oplied For ot Applicable
Zip	Zip Country		Zip	Cou	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Require	
	6. Name	and Address of Curren	Registered Agent	· ·			7. Name and	Address of New	Registered	Agent	
CKAITU KE	петоры	ED W	,	-	Name		-			-	
SMITH, KRISTOPHER W 6 MADEIRA DR. ST. AUGUSTINE. FL 32080				Street Address			.O. Box Numbe	er is Not Acceptal	ole)		
	•				City					Zip Cod	lo.
					City				F	_   Zip Coo	e 
	named entitions of regis	y submits this statement fi fered agent.	or the purpose of chang	ing its registe	red office or re	egistere	d agent, or bot	h, in the State of I	Norida. Lan	n familiar with.	and accept
	/ //			KV	(CT) (1)	1006	1 CM	1 HA	71	71211	$\mathcal{D}_{o}$
SIGNATURE .	Signeture, typox	Tor private name of registered agen	and tite if applicable.	(NOTE: Register	ISTOPI	he	C SW Men reinstating)	vith_	T/	26/C	Tle
Fil	ing Fee i		et and title if applicable.	(NOTE: Register	ISTOPI ed Agent signifure	he required v	Men reinstering)			payable to	o le ·
Fil	ing Fee i	s \$50.00		(NOTE: Register	<b>,</b>	hed e required v	shen reinstæng)	Flori		ment of Stat	Olp •
Fil Due t	ing Fee in Septer	s \$50.00 mber 6, 2006 MANAGING MEMB		10	LE	he required v	Men rensisting)	Flori	da Departi	ment of Stat	e Addition
9. TILE NAME	MGR CROSBY	s \$50.00 mber 6, 2006 MANAGING MEMB	ERS/MANAGERS	10 1111	LE ME	heu e respured s	when reinstating)	Flori	da Departi	ment of Stat	
Fil Due t	MGR CROSBY 6 MADEII	s \$50.00 mber 6, 2006 MANAGING MEMB , BRITTNEY A RA DR.	ERS/MANAGERS	10 TIT NAJ	LE	heu e required s	Mon renstang)	Flori	da Departi	ment of Stat	
9. TILE NAME STREET ADDRESS	MGR CROSBY 6 MADEII	s \$50.00 mber 6, 2006 MANAGING MEMB	ERS/MANAGERS	10 TITI MAI STF	LE ME REET ADDRESS Y-ST-ZIP	<b>Neu</b> e required w	Men reinstating)	Flori	da Departi	ment of Stat	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CROSBY 6 MADEII	s \$50.00 mber 6, 2006 MANAGING MEMB , BRITTNEY A RA DR.	ERS/MANAGERS	10 TITI MAI STF	LE ME REET ADORESS Y-ST-ZIP LE	heu o respured v	Men reinstating)	Flori	da Departi	ment of Stat	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR CROSBY 6 MADEII	s \$50.00 mber 6, 2006 MANAGING MEMB , BRITTNEY A RA DR.	ERS/MANAGERS	10 TILL MAL	LE ME REET ADORESS Y-ST-ZIP LE ME	hed orrepared to	Men reinstating)	Flori	da Departi	ment of Stat	☐ Addition
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CROSBY 6 MADEII	s \$50.00 mber 6, 2006 MANAGING MEMB , BRITTNEY A RA DR.	ERS/MANAGERS  Delete	10 TITI MAN STE CTI NAM STE CTI	LE ME REET ADORESS Y-ST-ZIP LE ME RHEET ADORESS Y-ST-ZIP	he required w	Men renstating)	Flori	da Departi	S Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR CROSBY 6 MADEII	s \$50.00 mber 6, 2006 MANAGING MEMB , BRITTNEY A RA DR.	ERS/MANAGERS	10 TITI NAJ STE CITI NAJ STE CITI NAJ STE CITI NAT STE CI	LE ME RETI ADORESS Y-ST-ZIP LE ME HEET ADORESS Y-ST-ZIP	heu e required w	when reinstating)	Flori	da Departi	ment of Stat	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	MGR CROSBY 6 MADEII	s \$50.00 mber 6, 2006 MANAGING MEMB , BRITTNEY A RA DR.	ERS/MANAGERS  Delete	10 TITI NAJ STE CITI NAJ STE CI	LE ME ME TECT ADORESS Y-ST-ZIP LE ME METT ADDRESS Y-ST-ZIP LE ME METT ADDRESS	<b>пе</b>	when remotering)	Flori	da Departi	S Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR CROSBY 6 MADEII	s \$50.00 mber 6, 2006 MANAGING MEMB , BRITTNEY A RA DR.	ERS/MANAGERS  Delete	I 10 IIII NAI STE CII NAI STE CII NAI STE CII NAI STE CII NAI STE	LE ME RETI ADORESS Y-ST-ZIP LE ME HEET ADORESS Y-ST-ZIP	<b>печ</b>	when remistering)	Flori	da Departi	S Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR CROSBY 6 MADEII	s \$50.00 mber 6, 2006 MANAGING MEMB , BRITTNEY A RA DR.	ERS/MANAGERS  Delete	10 TITE NAME STEEL COLUMN TO THE COLUMN TERM TO THE COLUMN TERM TERM TERM TERM TERM TERM TERM TERM	LE ME REET ADORESS Y-ST-ZIP LE ME HEET ADORESS Y-ST-ZIP LE ME HEET ADORESS Y-ST-ZIP LE ME HEET ADORESS Y-ST-ZIP	heured w	Men reinstating)	Flori	da Departi	S Change	Addition
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR CROSBY 6 MADEII	s \$50.00 mber 6, 2006 MANAGING MEMB , BRITTNEY A RA DR.	ERS/MANAGERS  Delete  Detecte	I 10 IIII NAA STE CII IIII NAA STE CII IIII NAA STE IIII NAA STE IIII	LE ME ME ME ME T-ST-ZIP LE ME ME T-ST-ZIP LE ME ME ME ME T-ST-ZIP LE MF ME ME T-ST-ZIP LE MF ME ME ME ME ME ME ME ME	heu e required v	when reinstating)	Flori	da Departi	S Change	Addition  Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR CROSBY 6 MADEII	s \$50.00 mber 6, 2006 MANAGING MEMB , BRITTNEY A RA DR.	ERS/MANAGERS  Delete  Detecte	I 10 IIII NAA STF CIT NAA STF CIT NAA STF CIT NAA STF CIT NAA STF	LE ME RET ADORESS Y-ST-ZIP LE ME RET ADORESS Y-ST-ZIP LE ME RET ADORESS Y-ST-ZIP LE MF LET ADORESS Y-ST-ZIP LE	<b>пе</b>	when renstating)	Flori	da Departi	S Change	Addition  Addition
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR CROSBY 6 MADEII	s \$50.00 mber 6, 2006 MANAGING MEMB , BRITTNEY A RA DR.	ERS/MANAGERS  Delete  Detecte	10 TILL MAN STE CIT	LE ME ME ME ME ME TADORESS Y-ST-ZIP LE ME	heured v	when remistering)	Flori	da Departi	S Change	Addition  Addition
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR CROSBY 6 MADEII	s \$50.00 mber 6, 2006 MANAGING MEMB , BRITTNEY A RA DR.	ERS/MANAGERS  Delete  Detecte  Delete  Delete	I 10 IIII NAA STE CIT NAA	LE ME ME ME ME T-ST-ZIP LE ME	heu e required v	when reinstating)	Flori	da Departi	Change	Addition  Addition  Addition  Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR CROSBY 6 MADEII	s \$50.00 mber 6, 2006 MANAGING MEMB , BRITTNEY A RA DR.	ERS/MANAGERS  Delete  Detecte  Delete  Delete	I 10 IIII NAA STE CIT IIII NAA STE	LE ME REET ADORESS Y-ST-ZIP LE ME REET ADORESS Y-ST-ZIP LE MF REET ADORESS Y-ST-ZIP LE ME REET ADORESS Y-ST-ZIP LE ME REET ADORESS Y-ST-ZIP LE ME REET ADORESS	heu e required v	when renstating)	Flori	da Departi	Change	Addition  Addition  Addition  Addition
9.  ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CROSBY 6 MADEII	s \$50.00 mber 6, 2006 MANAGING MEMB , BRITTNEY A RA DR.	ERS/MANAGERS  Delete  Detecte  Delete  Delete	100 TILL MAA STE CIT TILL TILL TILL TILL TILL TILL TILL	LE ME	heu e required v	when renstating)	Flori	da Departi	Change  Change  Change	Addition  Addition  Addition  Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR CROSBY 6 MADEII	s \$50.00 mber 6, 2006 MANAGING MEMB , BRITTNEY A RA DR.	ERS/MANAGERS  Delete  Detecte  Delete  Delete	100 TILL MAA STE CIT TILL TILL TILL TILL TILL TILL TILL	LE ME	<b>печ</b>	when renstating)	Flori	da Departi	Change	Addition  Addition  Addition  Addition
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR CROSBY 6 MADEII	s \$50.00 mber 6, 2006 MANAGING MEMB , BRITTNEY A RA DR.	ERS/MANAGERS  Delete  Detecte  Delete  Delete	I 10 IIII NAA STE CIT	LE ME	<b>печ</b>	when remotering)	Flori	da Departi	Change  Change  Change	Addition  Addition  Addition  Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR CROSBY 6 MADEII	s \$50.00 mber 6, 2006 MANAGING MEMB , BRITTNEY A RA DR.	ERS/MANAGERS  Delete  Detecte  Delete  Delete	I 10 IIII MAI STF CIT IIII NAI STF	LE ME REET ADORESS Y-ST-ZIP LE ME	печ порыге о	when remistering)	Flori	da Departi	Change  Change  Change	Addition  Addition  Addition  Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BYITTYLY A. Crosky B. Cusky 7/26/06 904-669-0987