## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000024358

Entity Name: SMITH FARM/FLORIDA, LLC

FILED Apr 26, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1801 HERMITAGE BLVD., STE 600 1801 HERMITAGE BLVD. TALLAHASSEE, FL 32308 SUITE 100 TALLAHASSEE, FL 32308 **Current Mailing Address:** New Mailing Address: 1801 HERMITAGE BLVD. 1801 HERMITAGE BLVD., STE 600 TALLAHASSEE, FL 32308 SUITE 100 TALLAHASSEE, FL 32308 FEI Number: 20-4581341 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Delete (X) Change ( ) Addition FLORIDA STATE BOARD, OF ADMINISTRAT I ON FLORIDA STATE BOARD, OF ADMINISTRAT I ON Name: Name: 1801 HERMITAGE BLVD., STE 600 Address: 1801 HERMITAGE BLVD., SUITE 100 Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308 Title: Title: ( ) Change (X) Addition ( ) Delete TOGNARELLI, MAURY R Name: Name: Address: Address: 191 N WACKER DRIVE, SUITE 2500 City-St-Zip: City-St-Zip: CHICAGO, IL 60606 Title: () Delete Title: ( ) Change (X) Addition MC CARTHY, THOMAS D Name: Name: 191 N WACKER DRIVE, SUITE 2500 Address: Address: City-St-Zip: City-St-Zip: CHICAGO, IL 60606 Title: () Delete Title: ( ) Change (X) Addition Name: Name: SMITH, ROGER E 191 N WACKER DRIVE, SUITE 2500 Address: Address: City-St-Zip: City-St-Zip: CHICAGO, IL 60606 Title: () Delete Title: ( ) Change (X) Addition SMITH, JEFFREY L Name: Name: 1801 HERMITAGE BLVD., SUITE 100 Address: Address: TALLAHASSEE, FL 60606 City-St-Zip: City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition GRAY, LYNNE M Name: Name: Address: Address: 1801 HERMITAGE BLVD., SUITE 100 TALLAHASSEE, FL 60606 City-St-Zip: City-St-Zip:

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

SIGNATURE: DOUGLAS W. BENNETT, AUTHORIZED OFFICER NONE 04/26/2007