2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2008
Secretary of State

DOCUMENT# L06000032845

Entity Name: SMITH ENT. LLC

Current Principal Place of Business:

569 E. BRICKYARD ROAD
MIDWAY, FL 32343

New Principal Place of Business:

564 E. BRICKYARD ROAD
MIDWAY, FL 32343

Current Mailing Address:

P.O. BOX 319
MIDWAY, FL 32343

New Mailing Address:

FEI Number: 20-4577704 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, MILO
569 E. BRICKYARD ROAD
MIDWAY, FL 32343 US

Name and Address of New Registered Agent:

SMITH, MILO
564 E. BRICKYARD ROAD
MIDWAY, FL 32343 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 05/29/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SMITH, MILO
Address: 569 E. BRICKYARD ROAD
City-St-Zip: MIDWAY, FL 32343

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SMITH, MILO
Address: 564 E. BRICKYARD ROAD
City-St-Zip: MIDWAY, FL 32343

Title: MGRM ( ) Change (X) Addition
Name: SMITH, SARAH M
Address: 564 E. BRICKYARD ROAD
City-St-Zip: MIDWAY, FL 32343

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: SARAH M. SMITH MGRM 05/29/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date