2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039926

Entity Name: STEVEN CHARLES SMITH LLC

FILED Mar 03, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3125 WEST HILLSBOROUGH AVENUE TAMPA, FL 33614

Current Mailing Address: New Mailing Address:

7222 NORTH OLA AVENUE 7216 NORTH OLA AVENUE TAMPA, FL 33604 TAMPA, FL 33604

FEI Number: 51-0584548 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, STEVEN C
7222 NORTH OLA AVENUE
TAMPA, FL 33604 US

MAROSE, LEE
7216 NORTH OLA AVENUE
TAMPA, FL 33604 US

TAMPA, FL 33604 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: LEE MAROSE 03/03/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SMITH, STEVEN C
Address: 7222 NORTH OLA AVENUE

City-St-Zip: TAMPA, FL 33604

Title: MGRM () Delete
Name: LANGEE, CHRISTOPHER E
Address: 7222 NORTH OLA AVENUE

City-St-Zip: TAMPA, FL 33604

 Title:
 MGRM
 () Delete

 Name:
 MAROSE, LEE

 Address:
 502 S MELVILLE AVE

 City-St-Zip:
 TAMPA, FL 33606

Title: MGRM () Delete
Name: FOURNIER, PAUL
Address: 502 S MELVILLE AVE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: P (X) Change () Addition

Name: MAROSE, LEE
Address: 7216 NORTH OLA AVENUE

City-St-Zip: TAMPA, FL 33604

Title: VP (X) Change () Addition

Name: FOURNIER, PAUL
Address: 7216 NORTH OLA AVENUE
City-St-Zip: TAMPA, FL 33604

Title: S (X) Change () Addition

Name: MAROSE, LEE
Address: 7216 NORTH OLA AVE
City-St-Zip: TAMPA, FL 33604

Title: T (X) Change () Addition

Name: FOURNIER, PAUL
Address: 7216 NORTH OLA AVE
City-St-Zip: TAMPA, FL 33604

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: LEE MAROSE P 03/03/2008