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Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90075 045 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000056817

1. Entity Name
SMITH & KLAUS, LLC

Principal Place of Business	Mailing Address
2139 N.E. COACHMAN #4 CLEARWATER, FL 33765 US	2139 N.E. COACHMAN #4 CLEARWATER, FL 33765 US

04262007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2151 NE Coachman	2151 NE Coachman
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33765 Country: US	Zip: 33765 Country: US

4. FEI Number: 20-4974514 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KLAUS, KEVIN
2139 N.E. COACHMAN
#4
CLEARWATER, FL 33765

7. Name and Address of New Registered Agent
Name: Klaus, Kevin
Street Address (P.O. Box Number is Not Acceptable): 2151 NE Coachman
City: Clearwater FL Zip Code: 33765

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.

SIGNATURE [signature] DATE 4/26/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due By May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLAUS, KEVIN 2139 N.E. COACHMAN, #4 CLEARWATER, FL 33765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Klaus, Kevin 2151 NE Coachman Clearwater, FL 33765	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, ROBERT 2139 N.E. COACHMAN, #4 CLEARWATER, FL 33765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Smith, Robert 2151 NE Coachman Clearwater, FL 33765	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4/26/07 727/415-7544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #