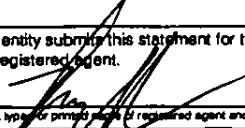
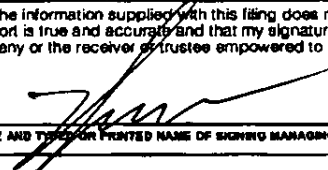


FILED
Apr 30, 2007 8:00 am
Secretary of State

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 2139 N.E. COACHMAN #4 CLEARWATER, FL 33765 US		Mailing Address 2139 N.E. COACHMAN #4 CLEARWATER, FL 33765 US	
2. Principal Place of Business - No P.O. Box # 2151 NE Coachman		3. Mailing Address 2151 NE Coachman	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Clearwater, FL		City & State Clearwater, FL	
Zip 33765		Zip 33765	
Country US		Country US	
4. FEI Number 20-4974514		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		04262007 Chg-LLC CR2E083 (12/06)	
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  DATE 4/26/07 Signature, type or print name of registered agent and file 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:  DATE 4/26/07 727/445-7544 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			