


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90340 023 ****50.00

DOCUMENT # L06000068871		
1. Entity Name L. SMITH PROPERTIES LLC		

Principal Place of Business 455 HAMLIN AVE SATELLITE BEACH, FL 32937	Mailing Address 455 HAMLIN AVE SATELLITE BEACH, FL 32937
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60036604



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01082007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5190377	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BIRAN C HERNDON, PA 795 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984	
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7. Name and Address of New Registered Agent Name <u>Biran C. Herndon PA</u> Street Address (P.O. Box Number is Not Acceptable) <u>8418 S US Highway 1</u> City <u>Port St. Lucie</u> FL <u>34952</u>	
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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 <u>B</u>	DATE <u>4/9/07</u>

**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	MGRM LEO SMITH INC 455 HAMLIN AVE SATELLITE BEACH, FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>X [Signature]</u>	Date <u>4/13/07</u> Daytime Phone # <u>321-795-8672</u>