2008 LIMITED LIABILITY COMPANY

Apr 28, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # L06000084018 1. Entity Name WORDSMITH, LLC Principal Place of Business Mailing Address 5020 W. LONGFELLOW AVE. 5020 W. LONGFELLOW AVE. TAMPA, FL 33629 TAMPA, FL 33629 CR2E083 (12/07) 04252008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5465831 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRANNAN, JOHN CPA DO NOT WRITE 611 S. MAGNOLIA AVE. TAMPA, FL 33606 IN THIS SPACE 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000930249 9. MANAGING MEMBERS/MANAGERS **MGRM** DILE NAME BRANNAN, KIMBERLY STREET ADDRESS 5020 W. LONGFELLOW AVE. CITY-ST-ZIP TAMPA, FL 33629 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-S1-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. Thereby 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

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

4/30/08

FILED