2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Aug 13, 2007 8:00 am Secretary of State 08-13-2007 90046 015 ****50.00 **DOCUMENT # L06000086437** WILLIAM SMITH CUSTOM WORKS L.L.C. PUUJ4000 Principal Place of Business Mailing Address 27313 RUE DE PAIX 27313 RUE DE PAIX BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135 3. Mailing Address Rue de 2. Principal Place of Business - No P.O. Box # 27313 RUE DEPAIR Suite, Apt. #, etc. Suite, Apt. #, etc. 07022007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For SPRINGS 113-44-6556 BONITA BONITA SPRINGS Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 34135 34135 USA U.S. A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 27313 RUE DE PAIX **BONITA SPRINGS, FL 34135** City Zip Code 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 title if applicable DATE Make check payable to Filing Fee is \$50.00 Due by September 14, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Detete TITLE Change ☐ Addition SMITH, WILLIAM NAME NAME STREET ADDRESS 27313 RUE DE PAIX STREET ADDRESS BONITA SPRINGS, FL 34135 CITY-ST-ZIP CITY-ST-7IP TITLE MGRM Delete ☐ Change ☐ Addition TITLE NAME SMITH, JEANNE NAME STREET ADDRESS 27313 RUE DE PAIX STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34135 CITY-ST-ZIP me ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-9-0り

235-247-2332

FILED