


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90193 015 ****50.00

DOCUMENT # L06000113764	
1. Entity Name S.J. SMITH FAMILY LIMITED LIABILITY COMPANY	

Principal Place of Business 26111 CHURCH ROAD BROOKSVILLE, FL 34602	Mailing Address 26111 CHURCH ROAD BROOKSVILLE, FL 34602
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2. Principal Place of Business - No P.O. Box # 26111 Church Rd	3. Mailing Address 26111 Church Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Brooksville, FL	City & State Brooksville, FL
Zip 34602	Country Hernando



01092007 Chg-LLC CR2E083 (12/06)

8. Name and Address of Current Registered Agent SMITH, SHEILA T 26111 CHURCH ROAD BROOKSVILLE, FL 34602	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

9. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, SHEILA T 26111 CHURCH ROAD BROOKSVILLE, FL 34602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, STEPHEN J 26111 CHURCH ROAD BROOKSVILLE, FL 34602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: Sheila T Smith Sheila T. Smith 2/24/07 352-799-6491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #