

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000120438

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** MCCLAIN, SMOAK & CHISTOLINI, LLC

**Current Principal Place of Business:**

1000 N. ASHLEY DRIVE  
SUITE 500  
TAMPA, FL 33602

**New Principal Place of Business:**

320 W. KENNEDY BLVD.  
SUITE 600  
TAMPA, FL 33606

**Current Mailing Address:**

1000 N. ASHLEY DRIVE  
SUITE 500  
TAMPA, FL 33602

**New Mailing Address:**

320 W. KENNEDY BLVD.  
SUITE 600  
TAMPA, FL 33606

**FEI Number:** 20-8153210

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMOAK, WILLIAM G  
1000 N. ASHLEY DRIVE  
SUITE 500  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

SMOAK, WILLIAM G  
320 W. KENNEDY BLVD  
SUITE 600  
TAMPA, FL 33606 US

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.

SIGNATURE: WILLIAM G K SMOAK

02/16/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MCCLAIN, DAVID H  
Address: 320 W. KENNEDY BLVD. SUITE 600  
City-St-Zip: TAMPA, FL 33606

Title: MGRM  
Name: SMOAK, WILLIAM G  
Address: 320 W. KENNEDY BLVD. SUITE 600  
City-St-Zip: TAMPA, FL 33606

Title: MGRM  
Name: CHISTOLINI, PAUL U  
Address: 320 W. KENNEDY BLVD. SUITE 600  
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM G K SMOAK

MGRM

02/16/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date