


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

02-28-2007 90149 012 ****50.00

DOCUMENT # L07000002062	
1. Entity Name LINDA L. SMITH & ASSOCIATES, LLC.	

30003419



Principal Place of Business 224 NORTH 3RD STREET JACKSONVILLE BEACH, FL 32240	Mailing Address 224 NORTH 3RD STREET JACKSONVILLE BEACH, FL 32240
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2. Principal Place of Business - No P.O. Box # 1409 Kingsley Ave Suite, Apt. #, etc. SUITE 1B	3. Mailing Address P O Box 49130 Suite, Apt. #, etc.
City & State ORANGE PARK FL	City & State JAX BEACH FL
Zip 32073 Country USA	Zip 32240 Country DUVAL

03142007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8102967	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 SMITH, LINDA 224 NORTH 3RD STREET JACKSONVILLE BEACH, FL 32240	7. Name and Address of New Registered Agent Name Tom Williams Street Address (P.O. Box Number is Not Acceptable) 1409 Kingsley Ave Ste 1B City Orange Park FL Zip Code 32073
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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 <i>Tom Williams</i> CPA POA	DATE 3-13-07

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	MGR SMITH, LINDA 224 NORTH 3RD STREET JACKSONVILLE BEACH, FL 32240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O Box 49130 JAX BEACH FL 32240 <input checked="" 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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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: <i>Linda L Smith</i>	Date 3/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	