2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 24, 2008
Secretary of State

DOCUMENT# L07000115419

Entity Name: SMITHFIELD & WAINWRIGHT L.L.C.

Current Principal Place of Business:

ONE INDEPENDENT DRIVE
SUITE 2301
PONTE VEDRA BEACH, FL 32202

New Principal Place of Business:

361 WOODBINE STREET
JACKSONVILLE, FL 32206

Current Mailing Address:

POST OFFICE BOX 1402
PONTE VEDRA BEACH, FL 32004

New Mailing Address:

FEI Number: 26-1397641 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STIEFEL, JOHN R JR
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: COPELAND, HOGAN E JR
Address: 102 TRIVETTE BRANCH ROAD
City-St-Zip: BOONE, NC 28607

Title: MGR ( ) Delete
Name: PARRISH, LAURA A
Address: 102 TRIVETTE BRANCH ROAD
City-St-Zip: BOONE, NC 28607

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: HOGAN E. COPELAND JR. MGR 07/24/2008

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