## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000115419

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

FILED Jul 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

361 WOODBINE STREET JACKSONVILLE, FL 32206

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 1402 PONTE VEDRA BEACH, FL 32004

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: Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent Date

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MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 COPELAND, HOGAN E JR
 Name:

 Address:
 102 TRIVETTE BRANCH ROAD
 Address:

 City-St-Zip:
 BOONE, NC 28607
 City-St-Zip:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

Name: PARRISH, LAURA A Name: COPELAND, LAURA A
Address: 102 TRIVETTE BRANCH ROAD Address: 102 TRIVETTE BRANCH ROAD

City-St-Zip: BOONE, NC 28607 City-St-Zip: BOONE, NC 28607

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 07/23/2009