

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123672

Entity Name: B-SMITH HIALEAH, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

ATTN: BARRY SMITH
17891 LAKE ESTATES DR.
BOCA RATON, FL 33496

New Principal Place of Business:

7145 W 20TH AVE
HIALEAH, FL 33014

Current Mailing Address:

ATTN: BARRY SMITH
PO BOX 810155
BOCA RATON, FL 334810155

New Mailing Address:

PO BOX 810155
BOCA RATON, FL 334810155

FEI Number: 26-1596185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, BARRY M
3200 MERIDIAN PARKWAY
WESTON, FL 33331 US

Name and Address of New Registered Agent:

SMITH, BARRY
17891 LAKE ESTATES DRIVE
BOCA RATON, FL 33496 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: BARRY SMITH

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR. () Delete
Name: BARRY, SMITH
Address: 3200 MERIDIAN PARKWAY
City-St-Zip: WESTON, FL 33331

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: B-SMITH ENTERPRISES,, L.P.
Address: P.O. BOX 810155
City-St-Zip: BOCA RATON, FL 334810155

Title: PMGR () Change (X) Addition
Name: SMITH, BARRY
Address: P.O. BOX 810155
City-St-Zip: BOCA RATON, FL 334810155

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: BARRY SMITH

PMGR

01/15/2009

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