

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000001267

**FILED**  
**Jun 11, 2009**  
**Secretary of State****Entity Name:** SMITHCO INVESTMENTS, LLC**Current Principal Place of Business:**6907 PINELAND ROAD  
PINELAND, FL 33945**New Principal Place of Business:****Current Mailing Address:**% JOHN M. WICKER COSTELLO & ROYSTON  
P.O. DRAWER 60205  
FORT MYERS, FL 33906**New Mailing Address:**P. O. BOX 2246  
PINELAND, FL 33945**FEI Number:** 26-1662064**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WICKER, JOHN M  
12670 NEW BRITTANY BLVD., STE. 101  
FORT MYERS, FL 33907 US**Name and Address of New Registered Agent:**GENNARO, MICHAEL A ESQ.  
1833 HENDRY ST.  
FT. MYERS, FL 33901 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: MICHAEL A. GENNARO

06/11/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**Title: MGRM ( ) Delete  
Name: SMITH, JOSEPH F JR.  
Address: 6907 PINELAND ROAD  
City-St-Zip: PINELAND, FL 33945Title: MGRM ( ) Delete  
Name: SMITH, TRACY JO  
Address: 6907 PINELAND ROAD  
City-St-Zip: PINELAND, FL 33945**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: JOSEPH F. SMITH, JR.

MGRM

06/11/2009

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