

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000113336

FILED  
Apr 27, 2012  
Secretary of State

Entity Name: SMITH HULSEY & BUSEY, LLC

**Current Principal Place of Business:**

225 WATER STREET  
SUITE 1800  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

225 WATER STREET  
SUITE 1800  
JACKSONVILLE, FL 32202

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH HULSEY & BUSEY, PA  
225 WATER STREET  
SUITE 1800  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIA  
225 WATER STREET  
SUITE 1800  
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: STEPHEN D. MOORE, JR.

04/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RUSSELL, E L  
Address: 8260 MERGANSER DRIVE  
City-St-Zip: JACKSONVILLE, FL 32082

Title: MGRM  
Name: BUSEY, STEPHEN D  
Address: 225 WATER STREET, STE. 1800  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGRM  
Name: WILSON, HARRY M III  
Address: 3830 BETTES CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM  
Name: KUNTZ, WILLIAM E  
Address: 4744 PRINCE EDWARD RD.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM  
Name: LEWIS, M. R JR.  
Address: 4949 VANDIVEER RD.  
City-St-Zip: JACKSONVILLE, FL 32210

I hereby 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: M. RICHARD LEWIS, JR.

MGRM

04/27/2012

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