


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L97000000305**  
 1. Entity Name  
 SMITH, THOMPSON & SHAW, L.L.C.



Principal Place of Business      Mailing Address  
 3520 THOMASVILLE RD      8515 CONGRESSIONAL DRIVE  
 4TH FLOOR      TALLAHASSEE, FL 32312 US  
 TALLAHASSEE, FL 32308



01052005No Chg-LLC      OR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3432891	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SMITH, W. CRIT  
 3520 THOMASVILLE RD  
 4TH FLOOR  
 TALLAHASSEE, FL 32308

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMITH, W. CRIT 3520 THOMASVILLE RD, 4TH FLOOR TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMPSON, SUSAN S 3520 THOMASVILLE RD, 4TH FLOOR TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHAW, FRANK S 3520 THOMASVILLE RD, 4TH FLOOR TALLAHASSEE, FL 32308
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Susan S Thompson*      1-5-05      850 893 4105  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #