

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000305

FILED
Jan 07, 2009
Secretary of State

Entity Name: SMITH, THOMPSON & SHAW, L.L.C.

Current Principal Place of Business:

3520 THOMASVILLE RD
4TH FLOOR
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

8515 CONGRESSIONAL DRIVE
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 59-3432891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITH, W. CRIT
Address: 3520 THOMASVILLE RD, 4TH FLOOR
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM () Delete
Name: THOMPSON, SUSAN S
Address: 3520 THOMASVILLE RD, 4TH FLOOR
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM () Delete
Name: SHAW, FRANK S
Address: 3520 THOMASVILLE RD, 4TH FLOOR
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: W CRIT SMITH

MGRM

01/07/2009

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