## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9800000002

Entity Name

SMITH & SAWYER, L.L.C.



FILED
Jan 22, 2003 8:00 am
Secretary of State
01-22-2003 90087 026 \*\*\*\* 50.00

Principal Place of Business			Mailing Address	Mailing Address								
95 COCONUT PALM RD 2			295 COCONUT PALM RO VERO BEACH FL 32963	95 COCONUT PALM RD /ERO BEACH FL 32963			~~ulaj2fi					
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2. Principal P	lace of Busin	ess	3. Mailing Address	J. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State	e		City & State	City & State			4. FEI Num	ber <b>65-0807962</b>			oplied For ot Applicable	
Zip Country			Zip	Zip Country			5. Certificat	te of Status Desired		55.00 Add ee Require		
	6. Name	and Address of Curre	nt Registered Agent	pistered Agent Name			7. Name and Address of New Registered Agent					
CAM	MED DATO	CIA										
295	YER, PATRI COCONUT D BEACH F	PALM ROAD			Street Address (P.O. Box Number is Not Acceptable)							
VEN	J DEACH F	L 32903			City		<b>₽</b> Zip Code					
				City					FL	Zip Coa	e	
	named entity ions of registe		for the purpose of changing	its register	ed office or	registere	ed agent, or b	oth, in the State of Florida	. I am fa	miliar with,	and accept	
SIGNATURE .	Cianatus bisad	or printed name of registered age	and and title if anyticable (All	OTT Desires					DATE		-	
	Signature, typeo	or printed haine of registered age				-	when reinstating)		UAIC			
					FEE IS \$							
Make Check Payable to Florida Department of State  Due By May 1, 2003												
9.		MANAGING MEMI	BERS/MANAGERS					ADDITIONS/CHA	ANGES			
TITLE	MGR	** *** **** ** *** *** *** ***	☐ Delete	TITL	E					Change	Addition	
NAME	SMITH, RO	DBERT L		NAM	E					_ ,	_	
STREET ADDRESS	634 OCEA			STRE		TADDRESS 295 COCA		I PARM KOAD				
CITY-ST-ZIP	VERO BEA	NCH FL 32963		CITY	Y-ST-ZIP							
TITLE	MGR		☐ Delete	TITLE						Change	Addition	
NAME	SAWYER,	PATRICA L		NAM	E			_			Ì	
STREET ADDRESS	634 OCEA	IN ROAD		STRE			5 COCONUT PALM KDAD					
CITY-ST-ZIP	VERO BEA	CH FL 32963		CITY	- ST- ZIP			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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NAME	•			NAM								
STREET ADDRESS				4	ET ADDRESS						1	
CITY-ST-ZiP					-ST-ZIP							
TITLE			☐ Delete	TITLE						Change	Addition )	
NAME Street Address :				NAM	ET ADDRESS							
CITY-ST-ZIP					-ST-ZIP							
TITLE	· · ·		□ Delete	TITLE	:					☐ Change	Addition	
NAME			∟ ∪cicte	NAM					1			
STREET ADDRESS					ET ADDRESS						ł	
CITY-ST-ZIP				CITY	-ST-ZIP							
TITLE			☐ Delete	TITLE						☐ Change	Addition	
NAME				NAMI								
STREET ADDRESS				STRE	ET ADDRESS							
CITY-ST-ZIP				CITY-	-ST-ZIP	•	_				ļ	

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: SIGNATURE FRATELURIED SAWYER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/11/03

772-234-0607

Daytime Phone #

32E083 (10/02)