

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001629

1. Entity Name

SMITH PROPERTY INVESTMENTS, L.L.C.

Principal Place of Business

C/O SMITH & COMPANY, INC.
1625 NORTH COMMERCE PARKWAY, SUITE 315
WESTON FL 33326

Mailing Address

C/O SMITH & COMPANY, INC.
1625 NORTH COMMERCE PARKWAY, SUITE 315
WESTON FL 33326

2. Principal Place of Business

c/o Smith & Company, Inc.

Suite, Apt. #, etc.

8030 US Hwy 98 North

City & State

Lakeland, Florida

Zip

33809

Country

USA

3. Mailing Address

c/o Smith & Company, Inc.

Suite, Apt. #, etc.

8030 US Hwy 98 North

City & State

Lakeland, Florida

Zip

33809

Country

USA

4. FEI Number

65-0860055

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 SEP 20 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent

SMITH, DIANE AUNAPU

1625 NORTH COMMERCE PARKWAY, SUITE 315
WESTON FL 33326

7. Name and Address of New Registered Agent

Name Stephen W Smith

Street Address (P.O. Box Number is Not Acceptable)

1200 Weston Road, 2nd Floor

City

Weston

FL

Zip Code

33326

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME SMITH, DIANE A
STREET ADDRESS 1625 NORTH COMMERCE PARWAY, SUITE 315
CITY-ST-ZIP WESTON FL 33326

☒ Delete

TITLE
NAME
STREET ADDRESS
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10. ADDITIONS/CHANGES

TITLE MGRM
NAME Stephen W. Smith
STREET ADDRESS 1200 Weston Road, 2nd Floor
CITY-ST-ZIP Weston, Florida 33326

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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

4/20/01

803-888-6768

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CR2E083 (11/00)