

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90031 016 ****50.00

DOCUMENT # L98000001629

1. Entity Name

SMITH PROPERTY INVESTMENTS, L.L.C.

Principal Place of Business

**C/O SMITH & COMPANY, INC.
 8030 US HWY. 98 NORTH
 LAKELAND FL 33809**

Mailing Address

**C/O SMITH & COMPANY, INC.
 8030 US HWY. 98 NORTH
 LAKELAND FL 33809**

7 7 7 4 0 3

2. Principal Place of Business

**2400 S. Federal Hwy
 Suite, Apt. #, etc.
 220**

3. Mailing Address

**2400 S. Federal Hwy.
 Suite, Apt. #, etc.
 220**



DO NOT WRITE IN THIS SPACE

City & State
Stuart, FL

Zip
34994

Country
US

City & State
Stuart, FL

Zip
34994

Country
US

4. FEI Number **65-0860055**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, STEPHEN W
 1200 WESTON RD., 2ND FLOOR
 WESTON FL 33326**

7. Name and Address of New Registered Agent

Name **Smith-Stephen W.**
 Street Address (P.O. Box Number is Not Acceptable)
2400 S Federal Hwy, Ste. 220
 City **Stuart** **FL** Zip Code **34994**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **SMITH, STEPHEN W**
 STREET ADDRESS **1200 WESTON RD., 2ND FL.**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **Smith, Stephen W.**
 STREET ADDRESS **2400 S. Federal Hwy, Ste.220**
 CITY-ST-ZIP **Stuart, FL 34994**

TITLE ☐ Change ☐ Addition
 NAME
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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:

Signature Required

Stephen W. Smith 4/1/02 (772) 223-0037

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

Date

Daytime Phone #

CR2E083 (9/01)