

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000001629

1. Entity Name
SMITH PROPERTY INVESTMENTS, L.L.C.



FILED

2004 MAR 23 P 12: 25

Principal Place of Business
2400 S. FEDERAL HWY
#220
STUART, FL 34994

Mailing Address
2400 S. FEDERAL HWY
#220
STUART, FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
210

Suite, Apt. #, etc.
210

City & State

City & State

Zip

Country

Zip

Country

03152004

Chg-LLC

CR2E083 (10/03)

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

7. Name and Address of New Registered Agent

SMITH, STEPHEN W
2400 S. FEDERAL HWY STE. 220
STUART, FL 34994

Name

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

Suite 210

City

600031862486

04/06/04--01024--021 **200.00

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SMITH, STEPHEN W
2400 S. FEDERAL HWY STE. 220
STUART, FL 34994 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
change suite only to 210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03-16-04

772 223 0037

Date

Daytime Phone #