

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001629

**FILED**  
**Jan 18, 2005**  
**Secretary of State**

**Entity Name:** SMITH PROPERTY INVESTMENTS, L.L.C.

**Current Principal Place of Business:**

2400 S. FEDERAL HWY  
#220  
STUART, FL 34994

**New Principal Place of Business:**

2400 S. FEDERAL HWY  
#210  
STUART, FL 34994

**Current Mailing Address:**

2400 S. FEDERAL HWY  
#220  
STUART, FL 34994

**New Mailing Address:**

2400 S. FEDERAL HWY  
#210  
STUART, FL 34994

**FEI Number:** 65-0860055

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SMITH, STEPHEN W  
2400 S. FEDERAL HWY STE. 210  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

SMITH, STEPHEN W  
2400 S. FEDERAL HWY, SUITE 210  
STUART, FL 34994 US

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: STEPHEN W. SMITH

01/18/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SMITH, STEPHEN W  
Address: 2400 S. FEDERAL HWY STE. 210  
City-St-Zip: STUART, FL 34994

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SMITH, STEPHEN W  
Address: 2400 S. FEDERAL HWY, SUITE 210  
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEPHEN W. SMITH

MGRM

01/18/2005

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