


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000002653	
1. Entity Name WELLINGTON-SMITH, L.C.	

Principal Place of Business 14255 US HWY ONE SUITE 2175 JUNO BEACH, FL 33408	Mailing Address 14255 US HWY ONE SUITE 2175 JUNO BEACH, FL 33408
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02022006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0872270	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, BARBARA B 188 SPYGLASS COURT JUPITER, FL 33477

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6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	U00000429488 02/22/06-80009-015 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, DENIS C 188 SPYGLASS LN JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, BARBARA 188 SPYGLASS LANE JUPITER, FL 33477
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Barbara Smith Manager 2/1/06 561-630-0257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #