2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000001016

1. Entity Name
BROWN & SMITH, P.L.C.

Principal Place of Business
500 EAST BROWARD BLVD., SUITE 1950
FT. LAUDERDALE, FL 33394

Mailing Address
500 EAST BROWARD BLVD., SUITE 1950
FT. LAUDERDALE, FL 33394

03042005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAMAWAY, MICHAEL P ESQ
500 EAST BROWARD BLVD., SUITE 1950
FT. LAUDERDALE, FL 33394

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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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BROWN, EDWARD B DR.
STREET ADDRESS	4811 HOLLYWOOD BOULEVARD
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	MGR
NAME	SMITH, CRAIG A DR.
STREET ADDRESS	4811 HOLLYWOOD BOULEVARD
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000026556
03/16/05-80083-007 50.00

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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: Craig A. Smith MMR 3/10/05 954-983-3548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #