

**2006 LIMITED-LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2006 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



02222006 No Chg-LLC

CR2ED83 (11/05)

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

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

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

U00000487440
04/13/06-80077-023 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

CRAIG A SMITH DR

Manager

2/25/06

Date

954-983-3548

Daytime Phone #