2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # L99000003823 1. Entity Name SMEEVE, SMEEVE, SMASH & SMEEVE, L.C. Principal Place of Business Mailing Address ONE SAN JOSE PLACE, SUITE 7 JACKSONVILLE FL 32257 ONE SAN JOSE PLACE, SUITE 7 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State 4. FEI Number Applied For City & State 59-3586501 Not Applicable Country Zip \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMITH, V. HAWLEY JR Street Address (P.O. Box Number is Not Acceptable) ONE SAN JOSE PLACE SUITE 7 JACKSONVILLE FL 32257 City 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. DATE (NOTE Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title 1 applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Addition ☐ Change Delete TITLE TITLE **PMGR** NAME SMITH, V. HAWLEY JR NAME U000000533491 STREET ADDRESS ONE SAN JOSE PLACE, SUITE 7 STREET ADDRESS 05/06/06-8U123-U25 SULU CITY-ST-78 JACKSONVILLE FL 32257 CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME DUNGEY, MARY LOUISE STREET ADDRESS STREET ADDRESS 12844 BAY PLANTATION DR. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32223 Addition TITLE Change THILE Detete ST NAME NAME SMITH, EMILY B STREET ADDRESS STREET ADDRESS 2767 FOREST CIRCLE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP Addition Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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SIGNATURE: Way Longis Dungy 4-26-06
SIGNATURE AND TYPED OR FUNTED NAME OF SIGNING MANAGING WANAGER, OR AUTHORIZED REPRESENTATIVE Date Copyling Prioric N

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.