

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90091 018 \*\*\*138.75

DOCUMENT # L03000026878  
 1. Entity Name  
 SMYRNA L.L.C.



Principal Place of Business: 157 ST. CROIX AVENUE, COCOA BEACH FL 32931  
 Mailing Address: 157 ST. CROIX AVENUE, COCOA BEACH FL 32931



2. Principal Place of Business - No P.O. Box #: 157 ST. CROIX AVE  
 3. Mailing Address: 157 ST. CROIX AVE  
 Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State: COCOA BEACH, FL  
 Zip: 32931 Country: BREVARD  
 City & State: COCOA BEACH, FL  
 Zip: 32931 Country: BREVARD

4. FEI Number: 30-0192717  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LEADER, ROBERT J  
 157 ST. CROIX AVENUE  
 COCOA BEACH FL 32931

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ State: FL 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.  
 SIGNATURE: *Robert J. Leader*  
Signature, in blue or black ink, of the registered agent and title if applicable. (NOTE: Registered Agent's signature required when constituting) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	
TITLE: MGR NAME: LEADER, ROBERT J STREET ADDRESS: 157 ST. CROIX AVENUE CITY-ST-ZIP: COCOA BEACH FL 32931	<input type="checkbox"/> Delete
TITLE: AMGR NAME: LEADER, HENRY J STREET ADDRESS: 107 E MAIN ST CITY-ST-ZIP: GOUVERNEUR NY 13642	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Robert J. Leader*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE