


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000044038	
1. Entity Name SMS INVESTMENTS, L.L.C.	

Principal Place of Business 7512 DR PHILLIPS BLVD SUITE 50 PMB 54 ORLANDO, FL 32819	Mailing Address 7512 DR PHILLIPS BLVD SUITE 50 PMB 54 ORLANDO, FL 32819
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04212008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2802574	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

SINGH, SURABHI
 7512 DR PHILLIPS BLVD
 SUITE 50 PMB 514
 ORLANDO, FL 32819

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000926597
 05/20/08-80073-006 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINGH, SURABHI 7512 DR PHILLIPS BLVD, STE 50 PMB 514 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINGH, SANJEEV 7512 DR PHILLIPS BLVD STE 50 PMB 514 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUTTREJA, SANJAY 1717 KNOTTING HILL DRIVE ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUTTREJA, SUMAN 1717 KNOTTING HILL DRIVE ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOOD, RAJEEV 2616 MIDSUMMER DRIVE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOOD, SUBIRA 2616 MIDSUMMER DRIVE WINDERMERE, FL 34786

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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:  4-24-08 407-383-1953

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