


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000101590 1. Entity Name SMOKY MOUNTAIN PROPERTIES, L.L.C.	
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Principal Place of Business 12330 CAPRI CIRCLE NORTH TREASURE ISLAND, FL 33706	Mailing Address 12330 CAPRI CIRCLE NORTH TREASURE ISLAND, FL 33706
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01052007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3642150	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

MARTIN, JOHN P  
 401 SOUTH LINCOLN AVENUE  
 CLEARWATER, FL 33756

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPRINGER, DARCY L 12330 CAPRI CIRCLE NORTH TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IGLEHEART, JEANNE 12330 CAPRI CIRCLE NORTH TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCHENRY, PHILIP E 12330 CAPRI CIRCLE NORTH TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPRINGER, PAUL G 12330 CAPRI CIRCLE NORTH TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 01/10/07-80049-006 50.00

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: *Darcy L. Springer* Date: *05 Jan 2007* Daytime Phone: *1217-513-1123*

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