


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000101590**  
 1. Entity Name  
**SMOKY MOUNTAIN PROPERTIES, L.L.C.**



Principal Place of Business  
**12330 CAPRI CIRCLE NORTH  
 TREASURE ISLAND, FL 33706**

Mailing Address  
**12330 CAPRI CIRCLE NORTH  
 TREASURE ISLAND, FL 33706**

**DO NOT WRITE IN THIS SPACE**



01052008 No Chg-LLC CR2E083 (12/07)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>20-3642150</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired  **\$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 \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

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

U00000797720  
 01/29/08-80084-018 138.75

**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:** *Darcy Springer* **22 Jan. 08** **737-543-1123**

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