


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

05-09-2007 90026 027 ****50.00

DOCUMENT # L06000057519			
1. Entity Name SMP, LLC			
Principal Place of Business 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207		Mailing Address 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent DEMETREE, J.C. JR. 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MMGR</i> <i>J.C. Demetree Jr</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MMGR</i> <i>J.C. DEMETREE JR</i> <i>3740 BEACH BLVD., SUITE 300</i> <i>JACKSONVILLE, FL 32207</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 808, Florida Statutes.			
SIGNATURE: <i>J.C. Demetree Jr</i>		Date: <i>4/24/07</i>	Daytime Phone #: <i>(904) 398.7350</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #

S/

30009237



04042007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5004673** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required