

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002027

Entity Name: SMART ENTERPRISES, LLC

FILED  
Jan 06, 2006  
Secretary of State

**Current Principal Place of Business:**

11640 ARBOR ST STE 201  
OMAHA, NE 68144

**New Principal Place of Business:**

**Current Mailing Address:**

11640 ARBOR ST STE 201  
OMAHA, NE 68144

**New Mailing Address:**

FEI Number: 47-0845913

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FROST, JOSEPH  
Address: 11640 ARBOR ST STE 201  
City-St-Zip: OMAHA, NE 68144

Title: MGRM ( ) Delete  
Name: HELLMAN, JASON B  
Address: 11640 ARBOR ST STE 201  
City-St-Zip: OMAHA, NE 68144

Title: MGRM ( ) Delete  
Name: WILLIAMS, TARREL S  
Address: 11640 ARBOR ST STE 201  
City-St-Zip: OMAHA, NE 68144

Title: MGRM (X) Delete  
Name: GARNER, CLINT D  
Address: 11640 ARBOR ST STE 201  
City-St-Zip: OMAHA, NE 68144

Title: MGRM ( ) Delete  
Name: SMEJKAL, LEAH D  
Address: 11640 ARBOR ST STE 201  
City-St-Zip: OMAHA, NE 68144

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LEAH SMEJKAL

MGRM

01/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date