


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2007 08:00 AM
Secretary of State

DOCUMENT # M02000002027 1. Entity Name SMART ENTERPRISES, LLC	
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Principal Place of Business 12925 WEST DODGE RD. OMAHA, NE 68154	Mailing Address 12925 WEST DODGE RD. OMAHA, NE 68154
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01262007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 47-0845913	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ (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 FROST, JOSEPH 11640 ARBOR ST STE 201 OMAHA, NE 68144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HELLMAN, JASON B 11640 ARBOR ST STE 201 OMAHA, NE 68144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, TARREL S 11640 ARBOR ST STE 201 OMAHA, NE 68144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMEJKAL, LEAH D 11640 ARBOR ST STE 201 OMAHA, NE 68144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/22/07-80015-001 50.00

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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:  **Joe Frost** 1/24/07 4025049400

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