

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000000400

1. Entity Name
SMP MARKETING, LLC



Principal Place of Business
143 AIRPORT RD
GREENFIELD, TN 38230

Mailing Address
143 AIRPORT RD
GREENFIELD, TN 38230



01172005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0726551	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

RAYMOND, JOHN J JR
1200 N FEDERAL HWY, STE 420
BOCA RATON, FL 33432

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEEL, GREGORY 6820 M 140 EAU CLAIRE, MI 49111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PORTER, JACK 143 AIRPORT RD GREENFIELD, TN 38230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PORTER, JOE 143 AIRPORT RD GREENFIELD, TN 38230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PORTER, JEFF 143 AIRPORT RD GREENFIELD, TN 38230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PORTER, JAMES 143 AIRPORT RD GREENFIELD, TN 38230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, RANDALL STATE FARMERS MARKET STALL 44 THOMASVILLE, GA 31792

01172005-00091-005 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

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

Date _____

Daytime Phone # _____