


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000000400 1. Entity Name SMP MARKETING, LLC	
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Principal Place of Business 6820 M-140 EAU CLAIRE, MI 49111	Mailing Address 6820 M-140 EAU CLAIRE, MI 49111
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0726551	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 RAYMOND, JOHN J JR. C/O BUTZEL LONG, PC 1200 N. FEDERAL HWY. 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 _____ (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 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 PERKINS, 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

U00000578254
01/08/07-80022-018 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 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:  **1-4-07** **269-401-6780**

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