


FILED
Feb 27, 2008 8:00 am
Secretary of State

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

02-27-2008 90079 040 ***138.75

DOCUMENT # L04000004208

1. Entity Name
SMART BINARY, LLC



Principal Place of Business
**1133 BAL HARBOR BLVD.
 SUITE #1139-325
 PUNTA GORDA, FL 33950**

Mailing Address
**142 ACALYPHA CT.
 PUNTA GORDA, FL 33955**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

02142008 Chg-LLC CR2E083 (12/06)

4. FEI Number
90-0137440

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FLORIDA INCORPORATORS, INC.
 8875 HIDDEN RIVER PKWY, STE 300
 TAMPA, FL 33637**

7. Name and Address of New Registered Agent

Name **Incorp Services, Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
17888 67th Court North
 City **Loxahatchee** FL Zip Code **33470**

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: *Sarah Helton on behalf of Incorp Services, Inc.* 2/14/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE

FILE NOW!!! (FEE IS \$138.75)
 After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	SMART, JERRY T	142 ACALYPHA CT.	PUNTA GORDA, FL 33955	<input type="checkbox"/>
MGRM	SMART, SUSAN E	142 ACALYPHA CT.	PUNTA GORDA, FL 33955	<input type="checkbox"/>
MGRM	SMART, JERRY L	419 CRUISERS DRIVE	POLK CITY, FL 33868	<input checked="" type="checkbox"/>
MGRM	SMART, BARBARA Q	419 CRUISERS DRIVE	POLK CITY, FL 33868	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Jerry Smart* 2/17/2008 941.347.4135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #