


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 #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 90-0137440				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PKWY, STE 300 TAMPA, FL 33637			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: <i>Janah Helton on behalf of Incorp Services, Inc.</i> 2/14/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE</small>					
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			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMART, JERRY T		NAME		
STREET ADDRESS	142 ACALYPHA CT.		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMART, SUSAN E		NAME		
STREET ADDRESS	142 ACALYPHA CT.		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMART, JERRY L		NAME		
STREET ADDRESS	419 CRUISERS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	POLK CITY, FL 33868		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMART, BARBARA Q		NAME		
STREET ADDRESS	419 CRUISERS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	POLK CITY, FL 33868		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Jerry Smart</i>			Date: 2/17/2008		Daytime Phone #: 941.347.4135
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					