


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

**2008 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

02-27-2008 90079 040 \*\*\*138.75

<b>DOCUMENT # L04000004208</b>					
1. Entity Name <b>SMART BINARY, LLC</b>					
Principal Place of Business <b>1133 BAL HARBOR BLVD. SUITE #1139-325 PUNTA GORDA, FL 33950</b>			Mailing Address <b>142 ACALYPHA CT. PUNTA GORDA, FL 33955</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>90-0137440</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
City & State		City & State		Applied For Not Applicable	
Zip		Country		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		
<b>FLORIDA INCORPORATORS, INC.</b> <b>8875 HIDDEN RIVER PKWY, STE 300</b> <b>TAMPA, FL 33637</b>			Name <b>Incorp Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>17888 67th Court North</b> City <b>Loxahatchee</b> FL Zip Code <b>33470</b>		
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>Sarah 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>					
<b>FILE NOW!!! (FEE IS \$138.75)</b> After May 1, 2008 Fee will be \$538.75			Make check payable to <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
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: <b>2/17/2008</b>		Daytime Phone #: <b>941.347.4135</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					