

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000013324

Entity Name: SM PROPERTY I, LLC**Current Principal Place of Business:**8156 FIDDLER'S CREEK PARKWAY
NAPLES, FL 34114**Current Mailing Address:**8156 FIDDLER'S CREEK PARKWAY
NAPLES, FL 34114 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOODWARD, MARK J
3200 TAMiami TRAIL NORTH
SUITE 200
NAPLES, FL 34103 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	DIRECTOR, PRESIDENT
Name	FERRAO, AUBREY J
Address	8156 FIDDLER'S CREEK PARKWAY
City-State-Zip:	NAPLES FL 34114

Title	DIRECTOR
Name	FERRAO, TINA M
Address	8156 FIDDLER'S CREEK PARKWAY
City-State-Zip:	NAPLES FL 34114

Title	DIRECTOR
Name	FERRAO, DANIEL A
Address	8156 FIDDLER'S CREEK PARKWAY
City-State-Zip:	NAPLES FL 34114

Title	DIRECTOR, TREASURER
Name	FERRAO, MARISSA A
Address	8156 FIDDLER'S CREEK PARKWAY
City-State-Zip:	NAPLES FL 34114

Title	VP
Name	DINARDO, ANTHONY
Address	8156 FIDDLER'S CREEK PARKWAY
City-State-Zip:	NAPLES FL 34114

Title	SECRETARY
Name	PARISI, JOSEPH LIVIO
Address	8156 FIDDLER'S CREEK PARKWAY
City-State-Zip:	NAPLES FL 34114

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH LIVIO PARISI**SECRETARY****04/28/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date