


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L00000004950 <b>1. Entity Name</b> S M T M, L.L.C.	
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<b>Principal Place of Business</b> 2790 SUNSET POINT ROAD CLEARWATER, FL 33759	<b>Mailing Address</b> 120 BARRINGTON CIRCLE P. O. BOX 7 ALPENA, MI 49707
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06162005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 58-2548938	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  SHEAR, ROBERT L 2650 MCCORMICK DRIVE SUITE 130 CLEARWATER, FL 33759	<b>DO NOT WRITE IN THIS SPACE</b>
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**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** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE** \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 7, 2005**

<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGR</b> WERTH, STEPHEN K 120 BARRINGTON CIRCLE ALPENA, MI 49707
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

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07/26/05-80004-009 50.00

**DO NOT WRITE  
IN THIS SPACE**

**11.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**Date**

**Daytime Phone #**

6/23/05 989-358-8080