


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90081 022 \*\*\*\*50.00

<b>DOCUMENT # L00000004950</b>		
1. Entity Name <b>S M T M, L.L.C.</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</b>
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2. Principal Place of Business <b>440 S. Gulfview Blvd.</b>	3. Mailing Address <b>458 W. Baldwin</b>
Suite, Apt. #, etc. <b>904N</b>	Suite, Apt. #, etc. <b>P. O. Box 7</b>
City & State <b>Clearwater, FL</b>	City & State <b>Alpena, MI</b>
Zip <b>33767</b> Country <b>USA</b>	Zip <b>49707</b> Country <b>USA</b>



07072006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>58-2548938</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SHEAR, ROBERT L 2650 MCCORMICK DRIVE SUITE 130 CLEARWATER, FL 33759</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$50.00 Due by September 6, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WERTH, STEPHEN K 120 BARRINGTON CIRCLE ALPENA, MI 49707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM WERTH, STEPHEN K. 458 W. Baldwin Alpena, MI 49707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **Stephen K. Werth** **7/7/06** **989-358-8080**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #