

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009935

FILED
Apr 09, 2005
Secretary of State

Entity Name: SMILING FAMILY HOMES OF MIAMI, L.L.C.

Current Principal Place of Business:

970 NW 203RD
MIAMI, FL 33169

New Principal Place of Business:

1835 NE MIAMI GARDENS DRIVE
#153
N. MIAMI BEACH, FL 33179

Current Mailing Address:

1835 NE MIAMI GARDENS DRIVE
#153
MIAMI, FL 33179

New Mailing Address:

FEI Number: 65-1041040 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GISCOMBE, RHOAN O
Address: 970 NW 203 ST
City-St-Zip: MIAMI, FL 33169

Title: MGR () Delete
Name: GISCOMBE, SOPHIA
Address: 2763 NW 192 TERR.
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GISCOMBE, RHOAN O
Address: 1835 NE MIAMI GARDENS DRIVE #153
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: MGR (X) Change () Addition
Name: GISCOMBE, SOPHIA
Address: 1835 NE MIAMI GARDENS DRIVE #153
City-St-Zip: N. MIAMI BEACH, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: RHOAN GISCOMBE

MGRM

04/09/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date