200	1 UNIFORM BUS	INESS REPO	RT (UBF	R)	The second of th	in the regard			
DOCUMENT # L0000012473 1. Entity Name THE INNER CIRCLE OF SMART INVESTORS, L.C.					FILED OI MAY 17 TAM-9:36				
									2000 PGA BLVD SUITE 4410 20
2. Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State		lumber		oplied For		
Zip	Country	Zip	Country	5. Certif	icate of Status Desired	S5.00 Add	ditional		
	6. Name and Address of Current	Registered Agent		7. Name	and Address of New Reg		<u> </u>		
11401010	NA BARERT A		Name						
HACKNEY, ROBERT C 2000 PGA BLVD., SUITE 4410 PALM BEACH GARDENS FL 33410			Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
			City	City FL Zip Code			е		
8. The above	named entity submits this statement for	or the purpose of changing its r	registered office or r	registered agent, o	or both, in the State of Floric	da.			
SIGNATURÉ.	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Agent signatur	o required when reinstatic		DATE			
			W!!! FEE IS \$5	50.00	7000044 -06/14/0		003		
9.	MANAGING MEMB	ERS/MEMBERS	10.		ADDITIONS/C	HANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete KNIGHTSBRIDGE LIMITED PARTNERSHIP 2000 PGA BLVD., SUITE 4410			-		☐ Change	☐ Addition		
MGRM Delete ROYAL BLACKWATCH PARTNERS, LTD. 2000 PGA BLVD., SUITE 4410 PALM BEACH GARDENS FL 33410			TITLE NAME STREET ADDRESS CITY-SY-ZIP			☐ Change	Addition		
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete ∴	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE , NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME- STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRILYPED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date

Date

Dayling Phone #

4/340,561-627-0677