

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90373 007 \*\*\*\*50.00

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<b>DOCUMENT # L01000004392</b> 1. Entity Name <b>SMADA CONSULTANTS, LLC</b>					
Principal Place of Business <b>378 CENTERPOINTE CIRCLE SUITE 1272 ALTAMONTE SPRINGS, FL 32701</b>			Mailing Address <b>478 E ALTAMONTE DRIVE SUITE 108, PMB 600 ALTAMONTE SPRINGS, FL 32701-4622</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04272005    Chg-LLC    CR2E083 (10/03)	
Zip		Country		4. FEI Number <b>59-3719027</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CHONG, STEPHEN C 801 N MAGNOLIA AVENUE SUITE 201 ORLANDO, FL 32802</b>			Name <b>CHONG, STEPHEN C</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>234 N. WESTMONTE DR</b>		
			<b>SUITE 3000</b>		
			City <b>ALTAMONTE SPRINGS FL</b>		Zip Code <b>32714</b>
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM ADAMS, WAYNE 516 ONE CENTER BOULEVARD, APT 302 ALTAMONTE SPRINGS, FL 32701</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM ADAMS, WAYNE 11224 CYPRESS TRAIL DRIVE ORLANDO, FL 32825</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM ADAMS, TREVOR 520 PINYON COURT LONGWOOD, FL 32750</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM ADAMS, ALFRICO 6 HALIFAX CRESCENT KINGSTON 6, JAMAICA,</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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.					
<b>SIGNATURE: <u>Wayne Adams</u>    WAYNE ADAMS    APRIL 28, 2005    407-265-6638</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					