

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000005285

1. Entity Name
SMK VENTURES, LLC.



Principal Place of Business
2001 NW 1ST AVENUE
OCALA, FL 34475

Mailing Address
2001 NW 1ST AVENUE
OCALA, FL 34475



01112007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3713340

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALDRICH, KENNETH A
1378 NE 51ST LOOP
OCALA, FL 34479

**DO NOT WRITE
IN THIS SPACE**

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 restateing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KENWORTHY, STEPHEN M
STREET ADDRESS	12699 NE 36 AVENUE
CITY-ST-ZIP	ANTHONY, FL 32617
TITLE	MGRM
NAME	ALDRICH, KENNETH A
STREET ADDRESS	1378 NE 51ST LOOP
CITY-ST-ZIP	OCALA, FL 34479
TITLE	MGRM
NAME	KENWORTHY, MARILYN J
STREET ADDRESS	12699 NE 36 AVENUE
CITY-ST-ZIP	ANTHONY, FL 32617
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/11/07-80048-007 50.00

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IN THIS SPACE**

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: *Kenneth A. Aldrich*

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

Date

Daytime Phone #

4/25/07 352-629-9645