

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007379

FILED
Jan 15, 2004
Secretary of State

Entity Name: SMAT,LLC

Current Principal Place of Business:

469 GOLFVIEW DR
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

2338 IMMOKALEERD.,#324
NAPLES, FL 34110

New Mailing Address:

FEI Number: 51-3716390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOTES, KEVIN R ESQ.
C/O PORTER, WRIGHT, MORRIS & ARTHUR, LLP
5801 PELICAN BAY BLVD., STE. 300
NAPLES, FL 341082709 US

Name and Address of New Registered Agent:

LOTES, KEVIN R ESQ.
C/O QUARLES & BRADY LLP
1395 PANTHER LANE SUITE 300
NAPLES, FL 341097874 US

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:

01/15/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SAMMONS, MISTY
Address: 2338 IMMOKALEE RD, STE 324
City-St-Zip: NAPLES, FL 34110

Title: MGR () Delete
Name: SAMMONS, STEVE
Address: 469 GOLFVIEW DR
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MISTY SAMMONS

MGRM

01/15/2004

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