

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008869

FILED
Jan 05, 2004
Secretary of State

Entity Name: SM-PLANTERS WALK, LLC

Current Principal Place of Business:

9021 TOWN CENTER PARKWAY
BRADENTON, FL 34202

New Principal Place of Business:

Current Mailing Address:

9021 TOWN CENTER PARKWAY
BRADENTON, FL 34202

New Mailing Address:

FEI Number: 65-1114243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCALLISTER-SMITH, KIMBERLY M
9021 TOWN CENTER PARKWAY
BRADENTON, FL 34202

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: MGR () Delete
Name: NEWSOME, JOHN S
Address: 9021 TOWN CENTER PARKWAY
City-St-Zip: BRADENTON, FL 34202

Title: MGR () Delete
Name: DOYLE, MICHAEL J
Address: 9021 TOWN CENTER PARKWAY
City-St-Zip: BRADENTON, FL 34202

Title: MGR (X) Delete
Name: MCALLISTER-SMITH, KIMBERLY M
Address: 9021 TOWN CENTER PARKWAY
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES:

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

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: JOHN S NEWSOME

MGR

01/05/2004

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