

FROM :PATRICIA G. LOPEZ

FAX NO. :407 679 9708

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Secretary of State

01-13-2005 90014 050 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000016665

1. Entity Name
SMJ VENTURES, LLC



Principal Place of Business
**1318 NORTH MILLS AVE.
ORLANDO, FL 32803**

Mailing Address
**1318 NORTH MILLS AVE.
ORLANDO, FL 32803**

20001551



DO NOT WRITE IN THIS SPACE

01102005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3760882

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JAFFE, STEPHEN
1318 NORTH MILLS AVE.
ORLANDO, FL 32803**

**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

Stephen M. Jaffe

(NOTE: Registered Agent signature required when reappointing)

1/10/05

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	JAFFE, STEPHEN	1318 N. MILLS AVE.	ORLANDO, FL 32803
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Stephen M. Jaffe

1/10/05

907 894-0001

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

Date

Daytime Phone #