


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000021370**  
 1. Entity Name  
**SMITHFIELD PLAZA, LLC**



Principal Place of Business 2221 E OCEAN BLVD STUART, FL 34996	Mailing Address 2221 E OCEAN BLVD STUART, FL 34996
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**DO NOT WRITE IN THIS SPACE**



04282008No Chg-LLC CR2E083 (12/07)

4. FEI Number 03-0377601	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

KRAMER, ROBERT S  
 853 SE MONTEREY COMMONS BLVD.  
 STUART, FL 34996

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000936343  
 05/27/08-80006-022 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WENGLER, EDWARD 2221 E OCEAN BLVD STUART, FL 34996
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SWEET, MICHAEL 2221 E OCEAN BLVD STUART, FL 34996
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHARKEY, DAN 2221 E OCEAN BLVD STUART, FL 34996
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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 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_