LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90210 010 ****55.00

DOCUMENT # L01000021585

1. Entity Name

SMM PROPERTIES, L.L.C.

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961140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2500 Industrial St.	2500 Industrial St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Leesburg, FL	City & State: Leesburg, FL
Zip: 34748 Country: USA	Zip: 34748 Country: USA

4. FEI Number — X Applied For / Not Applicable

5. Certificate of Status Desired — X — **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Les Berczy

Street Address (P.O. Box Number is Not Acceptable): 2500 Industrial St.

City: Leesburg FL Zip Code: 34748

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	Managing Member	TITLE	
NAME	Les Berczy	NAME	
STREET ADDRESS	33501 SR 44B	STREET ADDRESS	
CITY-ST-ZIP	Eustis, FL 32736	CITY-ST-ZIP	
TITLE	Managing Member	TITLE	
NAME	David Meyer	NAME	
STREET ADDRESS	832 East Walnut	STREET ADDRESS	
CITY-ST-ZIP	Garland, TX 75040	CITY-ST-ZIP	
TITLE	Managing Member	TITLE	
NAME	Jim Ginas	NAME	
STREET ADDRESS	5330 Lake Bluff Terrace	STREET ADDRESS	
CITY-ST-ZIP	Sanford, FL 32771	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Les Berczy LES BERCZY 4-30-02 (352)728-2930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #