2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000021585

1. Entity Name
SMM PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
2500 INDUSTRIAL ST. LEESBURG, FL 34748	2500 INDUSTRIAL ST. LEESBURG, FL 34748

04292004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0620577
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BERCZY, LES
2500 INDUSTRIAL ST.
LEESBURG, FL 34748

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BEREZY, LES
STREET ADDRESS	23501 SE 44 B
CITY-ST-ZIP	EUSTIS, FL 32736
TITLE	MGRM
NAME	MEYER, DAVID
STREET ADDRESS	8332 EAST WALNUT
CITY-ST-ZIP	GARLAND, TX 75040
TITLE	MGRM
NAME	GINAS, JIM
STREET ADDRESS	5330 LAKE BLUFF TERRACE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000149797
05/03/04-90200-018 50.00

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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 Berezy 4-29-04 352-728-2930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #