2006 LIMITED LIABILITY COMPANY. . > **ANNUAL REPORT**

DOCUMENT # L01000022220

1. Entity Name

S.M.E.R.F. MARKETING, LLC



FILED Jan 09, 2006 08:00 A **Secretary of State**

Principal Place of Business

Mailing Address

5097 SW 34TH TERRACE HOLLYWOOD, FL 33312

5097 SW 34TH TERRACE HOLLYWOOD, FL 33312



01042006No Chg-LLC

CR2E083 (11/05)

DO NOT	WRITE	IN THIS	SPACE
--------	-------	---------	-------

4. FEI Number 34-3591636

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

15097 SW 34TH TERRACE HOLLYWOOD, FL 33312			IN THIS SPACE		
	named entity submits this statement for the purpose of cha ions of registered agent.	nging its registered office or registered	agent, or both, in the State of Florida. I a	m familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered		(NOTE: Registered Agent signature required wh	hen reinstating) DATE	E	
	iling Fee is \$50.00 ue by May 1, 2006		00000037950 01/10/06-80030	55 0-001 50.00	
\$.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENBERG, PAUL H MGR 5097 S.W. 34TH STREET HOLLYWOOD, FL 33312				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRIT	ΓE	
TITLE NAME			IN THIS SPAC	E	

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:

STREET ADDRESS CITY -ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

Daytime Phone #