

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000056

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: SMART INVEST ADVISORS LLC

## Current Principal Place of Business:

1000 BRICKELL AVE. #225  
MIAMI, FL 33131

## New Principal Place of Business:

1000 BRICKELL AVE.  
225  
MIAMI, FL 33131

## Current Mailing Address:

1000 BRICKELL AVE. #225  
MIAMI, FL 33131

## New Mailing Address:

1000 BRICKELL AVE.  
225  
MIAMI, FL 33131

FEI Number: 26-0052750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIBLESZ, ALBERTO  
1000 BRICKELL AVE. #225  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

SIBLESZ, ALBERTO  
1000 BRICKELL AVE.  
225  
MIAMI, FL 33131 US

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:

01/29/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: GM ( ) Delete  
Name: SIBLESZ, ALBERTO  
Address: 1527 ROBBIN AVE.  
City-St-Zip: MIAMI, FL 33146

Title: GM ( ) Delete  
Name: TOME, ESTEBAN  
Address: 11 AVE. TRANSV. DE LOS PALOS GRANDES  
City-St-Zip: CARACAS 1060 VENEZUELA,

## ADDITIONS/CHANGES:

Title: GM (X) Change ( ) Addition  
Name: SIBLESZ, ALBERTO  
Address: 1000 BRICKELL AVE 225  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALBERTO SIBLESZ

GM

01/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date