2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07052004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000012205

1. Entity Name
SMART, L.L.C.

Principal Place of Business	Mailing Address
520 N. RIVERSIDE DR. INDIALANTIC, FL 32903	520 N. RIVERSIDE DR. INDIALANTIC, FL 32903

2. Principal Place of Business	3. Mailing Address
260 Interstate Ct	4015 Forest Point Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Bay Fl	City & State: Norton Shores Mi
Zip: 32909 Country: USA	Zip: 49441 Country: USA

4. FEI Number: APPLIED FOR 02-0680622 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LARKIN, DAVID G ESQ.
FALLACE & LARKIN, LLC
1900 S. HICKORY ST., STE. A
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAHAM, STEVE 520 N RIVERSIDE INDIALANTIC, FL 32903 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 07/06/04 321-258-1866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #