

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000013866

1. Entity Name
SMC DEVELOPMENT ASSOCIATES, L.L.C.



SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP -7 AM 8:25

Principal Place of Business
3640 AIRPORT ROAD
BUILDING 12 - 1
BOCA RATON, FL 33431 US

Mailing Address
PO BOX 811987
BOCA RATON, FL 33481 US

DO NOT WRITE IN THIS SPACE



09062005No Chg-LLC CR2E083 (10/03)

4. FEI Number
11-3642609

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KINSEY, JOHN T
PO BOX 811987
BOCA RATON, FL 33481

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM N.B.D. DEVELOPMENT, INC. 3640 AIRPORT ROAD, BUILDING 12-1 BOCA RATON, FL 33431
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**DO NOT WRITE
IN THIS SPACE**

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: John T. Kinsey John T. Kinsey 9-5-05 561-289-8552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #