

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019014

Entity Name: SMJ, LLC

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

4325 WOODLAND PARK DRIVE
SUITE 104
W. MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

4325 WOODLAND PARK DRIVE
SUITE 104
W. MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 56-2316381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRONE, STEPHEN L
4325 WOODLAND PARK DRIVE
SUITE 104
W. MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

REY, JOSEPH
4325 WOODLAND PARK DRIVE
SUITE 104
W. MELBOURNE, FL 32904 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: JOSEPH REY

02/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PERRONE, STEPHEN L
Address: 4325 WOODLAND PARK DRIVE, SUITE 104
City-St-Zip: W. MELBOURNE, FL 32904

Title: MGR () Delete
Name: JARAMILLO, SUSAN M
Address: 4325 WOODLAND PARK DRIVE, SUITE 104
City-St-Zip: W. MELBOURNE, FL 32904

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: REY, JOSEPH
Address: 4325 WOODLAND PARK DRIVE, SUITE 104
City-St-Zip: W. MELBOURNE, FL 32904

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: JOSEPH REY

MGR

02/17/2009

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