2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2006
Secretary of State

DOCUMENT# L02000028595

Entity Name: SMART INTERIORS II, L.L.C.

Current Principal Place of Business:

97 GULF TO LAKE HWY
LECANTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

97 W. GULF TO LAKE HWY
LECANTO, FL 34461

New Mailing Address:

FEI Number: 13-4218540 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMART, DELORES L
7275 CRYSTAL SPRING RUN
SPRING HILL, FL 34607 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	SMART, DELORES L	
Address:	7275 CRYSTAL SPRING RUN	
City-St-Zip:	SPRING HILL, FL 34607	
Title:	MGRM	( ) Delete
Name:	SMART, JOHN M	
Address:	7275 CRYSTAL SPRING RUN	
City-St-Zip:	SPRING HILL, FL 34607	
Title:	MGRM	( ) Delete
Name:	BACKMAN, KIMBERLY	
Address:	7271 CRYSTAL SPRING RUN	
City-St-Zip:	SPRING HILL, FL 34607	
Title:	MGRM	( ) Delete
Name:	BACKMAN, DEREK	
Address:	7271 CRYSTAL SPRING RUN	
City-St-Zip:	SPRING HILL, FL 34607	
Title:	MGRM	( ) Delete
Name:	CAPOZZA, LAURI	
Address:	7283 CRYSTAL SPRING RUN	
City-St-Zip:	SPRING HILL, FL 34607	
Title:	MGRM	( ) Delete
Name:	CAPOZZA, F. R.	
Address:	7283 CRYSTAL SPRING RUN	
City-St-Zip:	SPRING HILL, FL 34607	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LAURI CAPOZZA MGRM 01/11/2006

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