


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90140 010 \*\*\*\*50.00

<b>DOCUMENT #</b> L03000001568	
1. Entity Name <b>SMARGE FAMILY, LLC</b>	

Principal Place of Business <b>3861 DOMESTIC AVENUE NAPLES, FL 34104</b>	Mailing Address <b>3861 DOMESTIC AVENUE NAPLES, FL 34104</b>
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2. Principal Place of Business - No P.O. Box # <b>7685 SANTA MARGHERITA Wky</b>	3. Mailing Address <b>7685 Santa Margherita Wky</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Naples, FL</b>	City & State <b>Naples, FL</b>
Zip <b>34109</b>	Zip <b>34109</b>
Country <b>USA</b>	Country <b>USA</b>

03162007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>22-3891185</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>SMARGE, JOHN 821 FIFTH AVE. SOUTH, SUITE 201 NAPLES, FL 34102</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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	<b>JOHN SMARGE</b>	DATE <b>3/16/07</b>

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SMARGE, JOHN 3861 DOMESTIC AVENUE NAPLES, FL 34104</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SMARGE, JOHN 7685 Santa Margherita Wky NAPLES, FL 34109</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>JOHN SMARGE</b>	Date <b>3/16/07</b>	Daytime Phone # <b>239-643-4100</b>
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