2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000002343

1. Entity Name
SMG COMPANY, LLC

Principal Place of Business	Mailing Address
7305 ELYSE CIRCLE PORT ST. LUCIE, FL 34952	7305 ELYSE CIRCLE PORT ST. LUCIE, FL 34952

DO NOT WRITE IN THIS SPACE

04172005No Chg-LLC CR2E083 (10/03)

4. FEI Number
56-2317448
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NAYER, SUDHIR K MD
7305 ELYSE CIRCLE
PORT ST. LUCIE, FL 34952

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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 $90.00
Due by May 1, 2005

U00000320662
04/21/05-80039-025 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	NAYER, MANJULA
STREET ADDRESS	7305 ELYSE CIRCLE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	MGRM
NAME	NAYER, GAUTAM
STREET ADDRESS	7305 ELYSE CIRCLE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 4/15/05 7728790008
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #