

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L03000002343 1. Entity Name SMG COMPANY, LLC	
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Principal Place of Business 7305 ELYSE CIRCLE PORT ST. LUCIE, FL 34952	Mailing Address 7305 ELYSE CIRCLE PORT ST. LUCIE, FL 34952
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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	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____

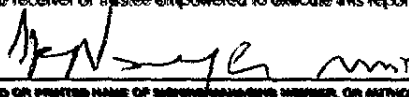
**Filing Fee is \$30.00
Due by May 1, 2005**

U000000320662
04/21/05-80039-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANGR NAYER, MANJULA 7305 ELYSE CIRCLE PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANGR NAYER, GAUTAM 7305 ELYSE CIRCLE PORT SAINT LUCIE, FL 34952
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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)(b), 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 605, Florida Statutes.

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