2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L03000005908 01-27-2004 90019 049 ****50.00 SMARTJURY, LLC Mailing Address Principal Place of Business 270 NORTH PALAFOX ST. 270 NORTH PALAFOX ST. PENSACOLA, FL 32501 PENSACOLA, FL 32501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222004 CR2E083 (10/03) Chg-LLC Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PANYKO, JOHN A Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH TARRAGONA ST. PENSACOLA, FL 32501 City 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. estada en la composição de la composição d La composição de la compo SIGNATURE . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State á تهايون الم 1.211 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. menyson TITLE MANAGING Addition ☐ Delete TITLE ☐ Change Doyne STEPHENSUN NAME NAME wayne STREET ADDRESS STREET ADDRESS 25 E. WRIG CITY-ST-ZIP CITY-ST-ZIP PENSACOLO TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP" TITLE Delete TITLE Change ☐ Addition D 3 1 ' WE' A 1' SOUTH NAME संप्रदेश वेनकार्यक व व्याप्तर NAME STREET ADDRESS THE EAST OF SELF CO A GRAD TO RESIDENCE TO SERVICE PARTY. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 report as required by Chapter 608, Florida Statutes.

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Jan 27, 2004 8:00 am

Daytime Phone #