


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90132 042 ****50.00

DOCUMENT # L03000007770					
1. Entity Name SMW PROPERTIES, L.L.C.					
Principal Place of Business 1540 NW 113TH WAY PEMBROKE PINES, FL 33026			Mailing Address 1540 NW 113TH WAY PEMBROKE PINES, FL 33026		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	06252004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 35-2198151				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WENGROW, SCOTT 1540 NW 113TH WAY PEMBROKE PINES, FL 33026			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 -Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WENGROW, SCOTT		NAME		
STREET ADDRESS	1540 NW 113TH WAY		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP		
TITLE	MGRM		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WENGROW, SHERRI		NAME		
STREET ADDRESS	1540 NW 113TH WAY		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP		
TITLE	MGRM		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEINTRAUB, LEONARD		NAME		
STREET ADDRESS	1540 NW 113TH WAY		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Leonard Weintraub</i> President					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					