2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

, ANNUAL REPUBLICAN)						FILE	E D			
DOCUMENT # L03000007770  1. Entity Name				2005 APR -6 PM 2: 15						
SMW PROPERTIES, L.L.C.						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Plac	ce of Business	Mailing Address			14	MLLAHASSEI	1. FLORIDA			
1540 NW 113TH WAY 1540 NW 113TH WAY										
PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026									D1 141 1021	
2. Principal Place of Business 2025 S. Majling Address P.O. Box 24				-						
\$025 5. Migm; Koge P.O. Box 249 Suite, Apt. #, etc. Suite, Apt. #, etc.					***				B) III 1884	
Suite, Apt. #, etc.						MOORE	CR2E083 (4	1/04)		
City & State Ft. Lauderdile Florida Pembroke Pines 1				، طم	4. FEI Num	Per - 2198	315)	<del></del>	lied For Applicable	
Zip 733		33024	Country Brows	119		e of Status Desired	Fee F	00 Addit Required		
6. Name and Address of Current Registered Agent				- 7	7. Name an	d Address of New	Registered Agent			
WENGBOW COOTT				Name						
WENGROW, SCOTT 1540 NW 113TH WAY PEMBROKE PINES FL 33026				Street Address (P.O. Box Number is Not Acceptable)						
۴				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 obligatics of registered agent.										
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State										
			ю нопаа De eptember 8,		of State					
	MANAGING MEMBE		2007 5	e *14	4 DOUTION					
9. TITLE	MANAGING MEMBE	Delete	10. TITLE	MGA	1 101	ADDITIONS	CHANGES	'hanna	☐ Addition	
NAME	WENGROW, SCOTT	L. Detele	NAME			5. 5. 7	. A	Hallyc	AGUIRION	
STREET ADDRESS	1540 NW 113TH WAY		STREET ADDRESS	0.0	1300	Scott 246251	•			
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NAME	WENGROW, SHERRI	:	NAME	Wens	رمعاد ۱۰	Sherry	, -			
	1540 NW 113TH WAY		STREET ADDRESS	P. O.	Box 2	146251F	- · • • •			
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11. I hereby o	certify that the information supplied with	this filing does not qualify for the	e exemption sta	ted in Section	ion 119.07(3	)(i), Florida Statutes.	I further certify the	at the info	ormation	
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.										

ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE