

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009488

FILED  
May 28, 2004  
Secretary of State

Entity Name: SMK VENTURE PARTNERS, LLC

## Current Principal Place of Business:

C/O MICHAEL KONIG  
2800 ISLAND BLVD., SUITE 306  
WILLIAMS ISLAND, FL 33160

## New Principal Place of Business:

1110 BRICKELL AVE.  
C/O MICHAEL A. KONIG, SUITE 609  
MIAMI, FL 33131

## Current Mailing Address:

C/O MICHAEL KONIG  
2800 ISLAND BLVD., SUITE 306  
WILLIAMS ISLAND, FL 33160

## New Mailing Address:

1110 BRICKELL AVE.  
C/O MICHAEL A. KONIG, SUITE 609  
MIAMI, FL 33131

FEI Number: 45-0507881

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KONIG, MICHAEL  
2800 ISLAND BLVD., SUITE 306  
WILLIAMS ISLAND, FL 33160 US

## Name and Address of New Registered Agent:

KONIG, MICHAEL A  
1110 BRICKELL AVE.  
SUITE 609  
MIAMI, FL 33131 US

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.

SIGNATURE: MICHAEL A. KONIG

05/28/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: KONIG, MICHAEL A  
Address: 1110 BRICKELL AVE, SUITE 609  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL A KONIG

MGRM

05/28/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date