


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 24, 2004 8:00 am
Secretary of State

08-24-2004 90046 037 *****50.00

DOCUMENT # L03000029661	
1. Entity Name 201 SMOLIAN CIRCLE, LLC	

Principal Place of Business 201 SMOLIAN CIRCLE SEA SIDE, FL 32549	Mailing Address 112 BENEFIT STREET PROVIDENCE, RI 02906
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2. Principal Place of Business	3. Mailing Address 48 N. Court, Unit 3
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Providence, RI 02906	4. FEI Number 20-0221574	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

03202003 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent SCARRETTA, STEVEN 2300 GLADES ROAD, #302 EAST BOCA RATON, FL 33431	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: BC Walters 5/11/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #