

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2006 8:00 am
Secretary of State

05-24-2006 90036 008 ****50.00

DOCUMENT # L03000029661 1. Entity Name 201 SMOLIAN CIRCLE, LLC					
Principal Place of Business 201 SMOLIAN CIRCLE SEA SIDE, FL 32549			Mailing Address 48 N COURT, UNIT 3 PROVIDENCE, RI 02906		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 48 N. Court Suite, Apt. #, etc. Unit 3			
City & State		City & State Providence, RI 02903			
Zip	Country	Zip	Country	4. FEI Number 20-0221574	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCJARRETTA, STEVEN 2300 GLADES ROAD, #302 EAST BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <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 May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALTERS, BEVERLY C 48 N COURT, UNIT 3 PROVIDENCE, RI 02906		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Walters, Beverly C. 48 N. Court, Unit 3 Providence, RI 02903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input 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 exemptions contained in Chapter 119, 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>BC Walters</i>			1506 401 529-9233		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					