


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90406 011 ****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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 48 N. Court, Unit 3
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State Providence, RI 02903
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Zip	Country	Zip	Country
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02062007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0221574	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SCIARRETTA, STEVEN 2300 GLADES ROAD, #302 EAST BOCA RATON, FL 33431	
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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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2007	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	MGRM WALTERS, BEVERLY C <input type="checkbox"/> Delete 48 N COURT, UNIT 3 PROVIDENCE, RI 02906	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Walters, Beverly C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 48 N. Court, Unit 3 Providence, RI 02903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALTERS, BEVERLY C <input checked="" type="checkbox"/> Delete 48 N. COURT UNIT 3 PROVIDENCE, RI 02903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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
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>	Date: <i>Jan 1, 2007</i>	Daytime Phone #: <i>401 351-1369</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		