

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000032257 1. Entity Name S. M. & ASSOCIATES, LLC	
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Principal Place of Business 7710 APPLETREE CIRCLE ORLANDO, FL 32819 US	Mailing Address 539 N MILLS AVE ORLANDO, FL 32803 US
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DO NOT WRITE IN THIS SPACE

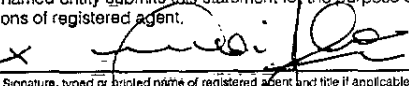


04032005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0180742	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MORIMOTO, TOMOMI 7710 APPLETREE CIRCLE ORLANDO, FL 32819	DO NOT WRITE IN THIS SPACE
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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:  DATE: 4/4/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

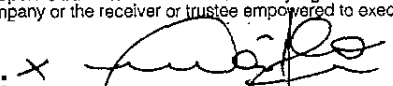
**Filing Fee is \$50.00
Due by May 1, 2005**

000000292588
04/07/05-80078-006 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MORIMOTO, TOMOMI 7710 APPLETREE CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAI, SHAO FONG 7710 APPLETREE CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 4/4/05 407-970-6798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE