


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000032417**

1. Entity Name  
**SMA BUILDING, LLC**



Principal Place of Business <b>1501 S MIAMI AVE          MIAMI, FL 33129</b>	Mailing Address <b>PO BOX 1365          KEY BISCAYNE, FL 33149</b>
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**DO NOT WRITE IN THIS SPACE**



01042008No Chg-LLC      CR2E083 (12/07)

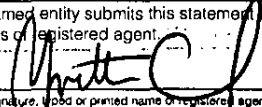
4. FEI Number <b>26-0072207</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**YVETTE ALMEIDA  
 PO BOX 1365  
 KEY BISCAYNE, FL 33149**

**DO NOT WRITE IN THIS SPACE**

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: **1/8/08**

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000792129  
 01/23/08-80104-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALMEIDA, YVETTE PO BOX 1365 KEY BISCAYNE, FL 33149
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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:  DATE: **1/8/08** DAYTIME PHONE #: **(305) 854-1155**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      DATE      DAYTIME PHONE #