


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90244 007 \*\*\*\*50.00

<b>DOCUMENT # L03000046744</b> 1. Entity Name SMALLVILLE PROPERTIES LLC					
Principal Place of Business 1608 13TH STREET ST. CLOUD, FL 34769			Mailing Address 1608 13TH STREET ST. CLOUD, FL 34769		
2. Principal Place of Business 1604 13th st Suite, Apt. #, etc.		3. Mailing Address 1604 13th st Suite, Apt. #, etc.			
City & State St Cloud FL		City & State St Cloud FL		4. FEI Number 20-0422419	
Zip 34769		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  SAMANIEGO, MARIA 1608 13TH STREET ST. CLOUD, FL 34769				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> 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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMANIEGO, JORGE <del>12020 MISSOURI AVE-</del> SAINT CLOUD, FL 34769	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMANIEGO, MARIA 1202 MISSOURI AVE SAINT CLOUD, FL 34769	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMANIEGO, MARIA 1202 MISSOURI AVE SAINT CLOUD, FL 34769	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMANIEGO, MARIA 1202 MISSOURI AVE SAINT CLOUD, FL 34769	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u>Maria D. Samaniego</u> as Member				3/3/06 407-931-2124	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	