2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Jun 07, 2004 8:00 am
Secretary of State
04-29-2004 90080 032 ****50.00

MOORE CR2E083 (11/03)

DOCUMENT # L03000048918

1. Entity Name
S.M. PROPERTIES, LLC

Principal Place of Business	Mailing Address
3507 PINE TOP DR VALRICO FL 33594	3507 PINE TOP DR VALRICO FL 33594

2. Principal Place of Business	3. Mailing Address
803 Hickory Fork PL	803 Hickory Fork PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Seffner, FL	City & State: Seffner, FL
Zip: 33584 Country: Hillsborough	Zip: 33584 Country: Hillsborough

4. FEI Number: 20-1005487 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOWMAN, WILLIAM R JR, ESQ 1000 LEGION PLACE, STE 1700 ORLANDO FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sandra Hinson Manager 803 Hickory Fork PL Seffner, FL 33584 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Matt Waynire, Manager 803 Hickory Fork PL Seffner, FL 33584 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Matt Waynire, [signature] Sandra Hinson 4/26/04 813-681-8432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #