

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90056 031 ****50.00

DOCUMENT # L04000033953					
1. Entity Name SMYRNA 44 LLC					
Principal Place of Business 132 WAVERLY PLACE ORLANDO, FL 32806			Mailing Address 132 WAVERLY PLACE ORLANDO, FL 32806		
2. Principal Place of Business 14661 Canopy Dr Suite, Apt. #, etc.			3. Mailing Address 14661 Canopy Dr Suite, Apt. #, etc.		
City & State Tampa FL		City & State Tampa FL		4. FEI Number 20-1083270	
Zip 33626		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BENOIST, LOU E 132 WAVERLY PLACE ORLANDO, FL 32806				7. Name and Address of New Registered Agent Name: <u>Leonel Benoist</u> Street Address (P.O. Box Number is Not Acceptable): <u>14661 Canopy Dr</u> City: <u>Orlando</u> FL Zip Code <u>33626</u>	
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: <u>Leonel L. Benoist</u> (NOTE: Registered Agent signature required when re-registering) DATE: <u>7-18-05</u>					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENOIST, LEONEL L 4500 CAMERON VALLEY PARKWAY CHARLOTTE, NC 28211	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M Leonel Benoist 14661 Canopy Dr Tampa, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BATES, ROBERT D 4500 CAMERON VALLEY PARKWAY CHARLOTTE, NC 28211	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M Robert D. Bates 14661 Canopy Dr Tampa, FL 33626
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 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: <u>Leonel L. Benoist</u>				Date: <u>7-18-05</u> Daytime Phone #: <u>813 210-2568</u>	