2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033953

Entity Name: SMYRNA 44 LLC

FILED Jan 11, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14661 CANOPY DR 14623 GALT LAKE DR. TAMPA, FL 33626 TAMPA, FL 33626

Current Mailing Address: New Mailing Address:

 14661 CANOPY DR
 14623 GALT LAKE DR

 TAMPA, FL 33626
 TAMPA, FL 33626

FEI Number: 20-1083270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BENOIST, LEONEL

14661 CANOPY DR

TAMPA, FL 33626 US

BENOIST, LEONEL

14623 GALT LAKE DR

TAMPA, FL 33626 US

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.

SIGNATURE: LEONEL BENOIST 01/11/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition Name: BENOIST, LEONEL L BENOIST, LEONEL L

Name:BENOIST, LEONEL LName:BENOIST, LEONEL LAddress:14661 CANOPY DRAddress:14623 GALT LAKE DR.City-St-Zip:TAMPA, FL 33626City-St-Zip:TAMPA, FL 33626

Title: MGR () Delete Title: MGR (X) Change () Addition
Name: BATES, ROBERT D

Address: 14691 CANODY DR

 Address:
 14661 CANOPY DR
 Address:
 14623 GALT LAKE DR.

 City-St-Zip:
 TAMPA, FL 33626
 City-St-Zip:
 TAMPA, FL 33626

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LEONEL BENOIST MGR 01/11/2008