

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038868

Entity Name: SMN MANAGEMENT LLC

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

35 ST. ANDREWS ROAD
LONDON ENGLAND UNITED KINGDOM
NW11OPH, . XX

New Principal Place of Business:

Current Mailing Address:

35 ST. ANDREWS ROAD
LONDON ENGLAND UNITED KINGDOM
NW11OPH, . XX

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORM-A-CORP LLC
100 VILLAGE SQUARE CROSSING
SUITE 103
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

TRI-COUNTY ACCOUNTING SERVICES, INC
7700 CONGRESS AVENUE
SUITE 1105
BOCA RATON, FL 33487 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: CHARLES SCHER

04/26/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KAMENEZKI, GENADI
Address: 35 ST. ANDREWS ROAD
City-St-Zip: LONDON, . NW11OPH UK

Title: MGRM () Delete
Name: KAMENEZKI, SVETLANA
Address: 35 ST. ANDREWS ROAD
City-St-Zip: LONDON, . NW11OPH UK

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: G KAMENEZKI

MP

04/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date