
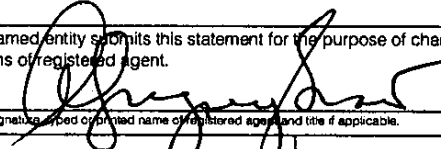
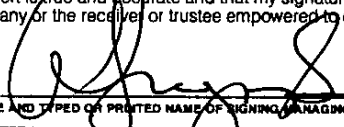


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90105 034 ****50.00

DOCUMENT # L04000046671 1. Entity Name SMS ASSOCIATES, L.L.C.																																																																																																																											
Principal Place of Business 13720 CYPRESS TERRACE CIRCLE, SUITE 303 FORT MYERS, FL 33907		Mailing Address 13720 CYPRESS TERRACE CIRCLE, SUITE 303 FORT MYERS, FL 33907																																																																																																																									
2. Principal Place of Business 11920 FAIRWAY LAKES DR Suite, Apt. #, etc. SUITE 2		3. Mailing Address 11920 FAIRWAY LAKES DR. Suite, Apt. #, etc. SUITE 2																																																																																																																									
City & State FORT MYERS, FL Zip 33913		City & State FORT MYERS, FL Zip 33913																																																																																																																									
Country Lee		Country Lee																																																																																																																									
4. FEI Number 20-127481		Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04212005 Chg-LLC CR2E083 (10/03)																																																																																																																									
6. Name and Address of Current Registered Agent SHAW, A. GREGORY 13720 CYPRESS TERRACE CIRCLE, SUITE 303 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name A. GREGORY SHAW Street Address (P.O. Box Number is Not Acceptable) 11920 FAIRWAY LAKES DR SUITE 2 City FORT MYERS FL Zip Code 33913																																																																																																																									
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 _____																																																																																																																											
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																																																																																																																									
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHAW, A. 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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: 		4.22.05 239454-4444																																																																																																																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #																																																																																																																									