2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046671

Entity Name: SMS ASSOCIATES, L.L.C.

FILED Jul 06, 2007 Secretary of State

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

11920 FAIRWAY LAKES DR. STE 2 11920 FAIRWAY LAKES DRIVE

FORT MYERS, FL 33913 SUITE 1

FORT MYERS, FL 33913

Current Mailing Address: New Mailing Address:

11920 FAIRWAY LAKES DR, STE 2 11920 FAIRWAY LAKES DRIVE

FORT MYERS, FL 33913 SUITE 1

FORT MYERS, FL 33913

ADDITIONS/CHANGES:

FEI Number: 20-1204481 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SHAW, A. GREGORY SHAW, A. GREGORY

11920 FAIRWAY LAKES DR, STE 2 11920 FAIRWAY LAKES DRIVE FORT MYERS, FL 33913 SUITE 1

FORT MYERS, FL 33913 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: 07/06/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGRM Title: (X) Change () Addition () Delete

SHAW, A. GREGORY Name: Name: SHAW A GREGORY

11920 FAIRWAY LAKES DR, ST 2 Address: 11920 FAIRWAY LAKES DRIVE SUITE 1 Address:

City-St-Zip: FORT MYERS, FL 33913 City-St-Zip: FORT MYERS, FL 33913

(X) Change () Addition Title: MGRM () Delete Title: MGRM

Name: MISTROT, BRIAN D Name: MISTROT, BRIAN D Address: 11920 FAIRWAY LAKES DR. STE 2 Address:

11920 FAIRWAY LAKES DRIVE SUITE 1 FORT MYERS, FL 33913

City-St-Zip: FORT MYERS, FL 33913 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition SALLIN, MARK E Name: SALLIN, MARK E Name:

11920 FAIRWAY LAKES DR, STE 2 11920 FAIRWAY LAKES DRIVE SUITE 1 Address: Address:

City-St-Zip: FORT MYERS, FL 33913 City-St-Zip: FORT MYERS, FL 33913

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: A. GREGORY SHAW **PRES** 07/06/2007