

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060310

Entity Name: EF SMART LLC

FILED  
Apr 30, 2008  
Secretary of State

**Current Principal Place of Business:**

4425 CROOKED MILE ROAD  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

4425 CROOKED MILE ROAD  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

FEI Number: 33-1108114

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCBRIDE, JOSEPH D JR.  
311 MAGNOLIA AVENUE  
MERRITT ISLAND, FL 32952 US

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

MCBRIDE, JOSEPH D JR.  
4667 NORTH FRIDAY CIRCLE  
COCOA, FL 32926 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: JOSEPH D. MCBRIDE JR.

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HALL, STEPHEN L  
Address: 4425 CROOKED MILE ROAD  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGR ( ) Delete  
Name: MCBRIDE, JOSEPH D JR.  
Address: 311 MAGNOLIA AVENUE  
City-St-Zip: MERRITT ISLAND, FL 32952

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: MCBRIDE, JOSEPH D JR.  
Address: 4667 NORTH FRIDAY CIRCLE  
City-St-Zip: COCOA, FL 32926

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: JOSEPH D. MCBRIDE JR

MEMB

04/30/2008

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