

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000072723

1. Entity Name
S & M PROPERTIES INVESTMENTS, LLC



Principal Place of Business

**4000 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804**

Mailing Address

**4000 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804**



04042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1719800

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF ORLANDO
300 SOUTH ORANGE AVE., SUITE 1000 (DTO)
ORLANDO, FL 32801-5403**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**000000497323
04/22/06-80047-023 50.00**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	MAHONEY, PATRICK J
STREET ADDRESS	911 GREENTREE DR
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	MGRM
NAME	MAHONEY, JOHN T
STREET ADDRESS	1210 PARK POINTE LN
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	MGRM
NAME	STONE, STEPHEN J
STREET ADDRESS	4038 S PENINSULA DR
CITY-ST-ZIP	WILBUR BY THE SEA, FL 32127
TITLE	MGRM
NAME	MAHONEY, DOUGLAS P
STREET ADDRESS	18933 CHAVILLE RD
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/4/06 407 292 0441