



**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 13, 2005 8:00 am
Secretary of State

04-04-2005 90428 018 ****50.00

DOCUMENT # L04000076501			
1. Entity Name SMD DEVELOPMENT OF FLORIDA, LLC			
Principal Place of Business 20725 SW 46TH AVENUE NEWBERRY, FL 32669 US		Mailing Address 20725 SW 46TH AVENUE NEWBERRY, FL 32669 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STOCKMAN, JAMES J 20725 SW 46TH AVENUE NEWBERRY, FL 32669		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 re-issuing) _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, STEFAN M 20725 SW 46TH AVENUE NEWBERRY, FL 32669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Stefan M. Davis	2/24/05 352-472-7773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #

30006200



01112005 Chg-LLC CR2E083 (10/03)

4. FEI Number **75-3190287** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required