

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90354 043 ****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**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
75-3190287

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STOCKMAN, JAMES J
20725 SW 46TH AVENUE
NEWBERRY, FL 32669**

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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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DAVIS, STEFAN M
20725 SW 46TH AVENUE
NEWBERRY, FL 32669**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Stefan M. Davis* Stefan M. Davis

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

2/15/06
Date

352-472-7773
Daytime Phone #