2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

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

FILED Apr 06, 2007 08:00 A Secretary of State



01032007 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number | Applied For |
|----------------------------------|-------------------|
| 75-3190287 | Not Applicable |
| 5. Certificate of Status Desired | \$5.00 Additional |

6. Name and Address of Current Registered Agent

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

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| 8 | The above named entity submits this statement for the purpose of chang the obligations of registered agent. | ging its registered office or registered agent, or both | n, in the State of Florida. ⊥am t | ramiliar with, and accept |
|---|---|--|-----------------------------------|---------------------------|
| s | IGNATURE | | | |
| _ | 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, 2007

| 9. | MANAGING MEMBERS/MANAGERS |
|---------------------------------------|---|
| NAME STREET ADDRESS CITY-ST-ZIP | MGRM DAVIS, STEFAN M 20725 SW 46TH AVENUE NEWBERRY, FL 32669 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | certify that the information supplied with this filing does not qualify for the ex- |

U000000693201 04/16/07-80029-024 50.00

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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.

INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: SIGNATURE AND TYPED O

Stefan M. Davis

January 4, 2007

352-472-7773

Date

Daytime Phone #