

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90208 046 ****50.00

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| DOCUMENT # L04000083977 | | | | | |
| 1. Entity Name SMARTER THAN EVE, LLC | | | | | |
| Principal Place of Business 112 SOUTH ARMENIA AVE TAMPA, FL 33609 US | | | Mailing Address 112 SOUTH ARMENIA AVE TAMPA, FL 33609 US | | |
| 2. Principal Place of Business 5304 56th Commerce Park Blvd. Suite, Apt. #, etc. | | 3. Mailing Address 5304 56th Commerce Park Blvd. Suite, Apt. #, etc. | | | |
| City & State Tampa, FL | | City & State Tampa, FL | | 4. FEI Number 20-1891610 | |
| Zip 33610 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GORDIN, THOMAS 412 SOUTH ARMENIA AVE TAMPA, FL 33609 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5304 56th Commerce Park Blvd. City Tampa FL Zip Code 33610 | | |
| 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 DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 MGR NAME GORDIN, THOMAS STREET ADDRESS 412 S ARMENIA AVE CITY-ST-ZIP TAMPA, FL 33609 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS 5304 56th Commerce Park Blvd. CITY-ST-ZIP Tampa, FL 33610 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE MGR NAME LEMIEUX, KEN STREET ADDRESS 112 S ARMENIA AVE CITY-ST-ZIP TAMPA, FL 33609 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS 5304 56th Commerce Park Blvd. CITY-ST-ZIP Tampa, FL 33610 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE MGR NAME HALLAS, CHRISTY S STREET ADDRESS 112 S ARMENIA AVE CITY-ST-ZIP TAMPA, FL 33609 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS 5304 56th Commerce Park Blvd. CITY-ST-ZIP Tampa, FL 33610 | <input checked="" 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 | |
| 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 | |
| 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: | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |
| <small>Date _____ Daytime Phone # _____</small> | | | | | |