

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012339

Entity Name: SMC VENTURES, L.L.C.

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

2373 BROADWAY APT 830
NEW YORK, NY 10024

New Principal Place of Business:

2373 BROADWAY
APT 830
NEW YORK, NY 10024

Current Mailing Address:

2373 BROADWAY APT 830
NEW YORK, NY 10024

New Mailing Address:

2373 BROADWAY
APT 830
NEW YORK, NY 10024

FEI Number: 20-2307548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, ROBERT
3762 CONVENTRY LANE
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COHEN, MICHAEL
Address: 2373 BROADWAY APT 830
City-St-Zip: NEW YORK, NY 10024

Title: MGR () Delete
Name: COHEN, SHANA
Address: 2373 BROADWAY APT 830
City-St-Zip: NEW YORK, NY 10024

Title: MGR () Delete
Name: COHEN, ROBERT
Address: 2373 BROADWAY APT 830
City-St-Zip: NEW YORK, NY 10024

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL COHEN

MGR

04/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date