



# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 PM 12:05

DOCUMENT # L05000021313					
1. Entity Name <b>SMART CENTER HOLDINGS, LLC</b>					
Principal Place of Business <b>601 BRICKELL KEY DR, STE 604 MIAMI, FL 33131</b>			Mailing Address <b>601 BRICKELL KEY DR, STE 604 MIAMI, FL 33131</b>		
2. Principal Place of Business <b>3225 AVIATION AVE</b>		3. Mailing Address <b>3225 AVIATION AVE</b>			
Suite, Apt. #, etc. <b>SUITE 304</b>		Suite, Apt. #, etc. <b>SUITE 304</b>		09082006    Chg-LLC    CR2E083 (11/05)	
City & State <b>COCONUT GROVE, FL</b>		City & State <b>COCONUT GROVE, FL</b>		4. FEI Number <b>20-2463327</b>	
Zip <b>33133</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ARAZOZA &amp; FERNANDEZ-FRAGA, PA 2100 SALZEDO STREET, SUITE 300 CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 reinstating) _____ DATE _____					
<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WENRICH, THOMAS A 601 BRICKELL KEY DR, STE 604 MIAMI, FL 33131	<input type="checkbox"/> Delete			
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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: _____				Date: <b>9-6-06</b> Daytime Phone #: <b>305-860-3091</b>	