

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026641

Entity Name: SM-17TH AVENUE, LLC

FILED
Jan 26, 2007
Secretary of State

Current Principal Place of Business:

9021 TOWN CENTER PKWY
BRADENTON, FL 34202 US

New Principal Place of Business:

Current Mailing Address:

9021 TOWN CENTER PKWY
BRADENTON, FL 34202 US

New Mailing Address:

FEI Number: 55-0914746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCALLISTER, KIMBERLY M
9021 TOWN CENTER PKWY
BRADENTON, FL 34202 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: NEWSOME, JOHN S
Address: 9021 TOWN CENTER PKWY
City-St-Zip: BRADENTON, FL 34202 US

Title: MGR () Delete
Name: DOYLE, MICHAEL J
Address: 9021 TOWN CENTER PKWY
City-St-Zip: BRADENTON, FL 34202 US

Title: MGR (X) Delete
Name: COCHRAN, FRED
Address: 9021 TOWN CENTER PKWY
City-St-Zip: BRADENTON, FL 34202 US

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: JOHN S NEWSOME

MGR

01/26/2007

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