

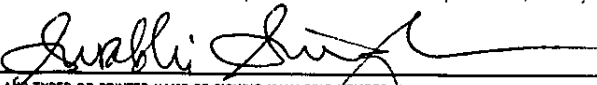


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000044038		
1. Entity Name SMS INVESTMENTS, L.L.C.		
Principal Place of Business 7512 DR PHILLIPS BLVD SUITE 50 PMB 54 ORLANDO, FL 32819		Mailing Address 7512 DR PHILLIPS BLVD SUITE 50 PMB 54 ORLANDO, FL 32819
 04212008 No Chg-LLC CR2E083 (12/07)		
<b>DO NOT WRITE IN THIS SPACE</b>		
4. FEI Number 20-2802574		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent  SINGH, SURABHI 7512 DR PHILLIPS BLVD SUITE 50 PMB 514 ORLANDO, FL 32819		<b>DO NOT WRITE IN THIS SPACE</b>
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 date if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	
NAME	SINGH, SURABHI	
STREET ADDRESS	7512 DR PHILLIPS BLVD, STE 50 PMB 514	
CITY- ST- ZIP	ORLANDO, FL 32819	
TITLE	MGRM	
NAME	SINGH, SANJEEV	
STREET ADDRESS	7512 DR PHILLIPS BLVD STE 50 PMB 514	
CITY- ST- ZIP	ORLANDO, FL 32819	
TITLE	MGRM	
NAME	MUTTREJA, SANJAY	
STREET ADDRESS	1717 KNOTTING HILL DRIVE	
CITY- ST- ZIP	ORLANDO, FL 32835	
TITLE	MGRM	
NAME	MUTTREJA, SUMAN	
STREET ADDRESS	1717 KNOTTING HILL DRIVE	
CITY- ST- ZIP	ORLANDO, FL 32835	
TITLE	MGRM	
NAME	SOOD, RAJEEV	
STREET ADDRESS	2616 MIDSUMMER DRIVE	
CITY- ST- ZIP	WINDERMERE, FL 34786	
TITLE	MGRM	
NAME	SOOD, SUBIRA	
STREET ADDRESS	2616 MIDSUMMER DRIVE	
CITY- ST- ZIP	WINDERMERE, FL 34786	
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: 		4-24-08 407-383-1953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #