


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90071 018 \*\*\*\*50.00

|   |  |                                 |   |  |   |
|---|--|---------------------------------|---|--|---|
| <b>DOCUMENT # L05000045068</b>  |  |                                 |   |                       |   |
| <b>1. Entity Name</b><br>SM DEVELOPMENT, LLC  |  |                                 |   |  |   |
| <b>Principal Place of Business</b><br>2550 SE WILLOUGHBY BLVD<br>STUART, FL 34994   |  |                                 | <b>Mailing Address</b><br>2550 SE WILLOUGHBY BLVD<br>STUART, FL 34994   |  |   |
| <b>2. Principal Place of Business</b>   |  | <b>3. Mailing Address</b>       |   |  |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.             |   |  |   |
| City & State  |  | City & State                    |   | <b>4. FEI Number</b><br>16-1723869   |   |
| Zip   |  | Country                         |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br>GEORGE, HOWARD E JR ESQ<br>401 E. OSCEOLA STREET<br>STUART, FL 34994  |  |                                 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |   |
| <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.</b>  |  |                                 |   |  |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |                                 |   |  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>   |  |                                 | <b>Make check payable to<br/>Florida Department of State</b>  |  |   |
| <b>9. MANAGING MEMBERS / MANAGERS</b>   |  |                                 | <b>10. ADDITIONS / CHANGES</b>  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | Mr<br>Michael MATAKAKIS<br>4908 N.W. Spinnaker AVE PL.<br>STUART, FL 34994 | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| <b>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.</b> |  |                                 |   |  |   |
| <b>SIGNATURE:</b> _____   |  |                                 |   | Date _____ Daytime Phone # _____   |   |