

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90171 009 \*\*\*\*55.00

DOCUMENT # L05000067797



1. Entity Name

SMPB PROPERTIES, LLC

Principal Place of Business

8309 VALLEJO PLACE  
TAMPA FL 33614

Mailing Address

8309 VALLEJO PLACE  
TAMPA FL 33614

2. Principal Place of Business - No P.O. Box #

8309 Vallejo Pl

Suite, Apt. #, etc.

3. Mailing Address

8309 Vallejo Pl

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)



City & State

TAMPA, FL

Zip

33614

Country

USA

City & State

TAMPA, FL

Zip

33614

Country

USA

4. FEI Number

20-3228361

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROIDA, JOEL D ESQ.  
605 75TH AVENUE  
ST. PETE BEACH FL 33706

7. Name and Address of New Registered Agent

Name

Huey P. FLOYD

Street Address (P.O. Box Number is Not Acceptable)

8309 Vallejo Pl

City

TAMPA

FL

Zip Code

33614

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

Huey P. Floyd MGRM

(NOTE: Registered Agent Signature Required when reinstating)

DATE

03-10-07

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME FLOYD, HUEY P  
STREET ADDRESS 8309 VALLEJO PLACE  
CITY- ST- ZIP TAMPA FL 33614

☐ Delete

TITLE ~~SANTA L. FLOYD~~  
NAME ~~8309 Vallejo Pl~~  
STREET ADDRESS ~~F~~  
CITY- ST- ZIP

☐ Delete

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10. ADDITIONS/CHANGES

TITLE SANTA L. FLOYD MGRM  
NAME 8309 Vallejo Pl  
STREET ADDRESS TAMPA, FL 33614

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Huey P. Floyd, MGRM

03-10-07 727-643-7672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #