

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086072

FILED
Apr 29, 2006
Secretary of State

Entity Name: SMART INVESTMENTS & SERVICES, LLC

Current Principal Place of Business:

2236 SW 21ST TERRACE
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

2236 SW 21ST TERRACE
MIAMI, FL 33145

New Mailing Address:

325 UNIVERSITY VILLAGE SOUTH
APT 3
GAINESVILLE, FL 32603

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTANE, FLORELSA
2236 SW 21ST TERRACE
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

MONTANE, FLORELSA
325 UNIVERSITY VILLAGE SOUTH
APT 3
GAINESVILLE, FL 32603 US

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: _____ 04/29/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MONTANE, FLORELSA
Address: 2236 SW 21ST TERRACE
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MONTANE, FLORELSA
Address: 325 UNIVERSITY VILLAGE SOUTH APT 3
City-St-Zip: GAINESVILLE, FL 32603

Title: MGR () Delete
Name: SILVA, VITELIO
Address: 2236 SW 21ST TERRACE
City-St-Zip: MIAMI, FL 33145

Title: MGRM (X) Change () Addition
Name: SILVA, VITELIO
Address: 325 UNIVERSITY VILLAGE SOUTH APT 3
City-St-Zip: GAINESVILLE, FL 32603

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: FLORELSA MONTANE MGRM 04/29/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date