


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90195 021 ****50.00

| | |
|---|---|
| DOCUMENT # L05000118124 1. Entity Name SMITH & ASSOCIATES FUND MANAGEMENT LLC |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 106 EAST 8TH STREET HOLLAND, MI 49423 | Mailing Address 106 EAST 8TH STREET HOLLAND, MI 49423 |
|---|---|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



02072006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------|-------------------------------------|
| TITLE | MGR <input type="checkbox"/> Delete |
| NAME | SMITH, BENJ. A |
| STREET ADDRESS | 106 EAST 8TH STREET |
| CITY-ST-ZIP | HOLLAND, MI 49423 |
| TITLE | MGR <input type="checkbox"/> Delete |
| NAME | KAPER, N. DALE |
| STREET ADDRESS | 106 EAST 8TH STREET |
| CITY-ST-ZIP | HOLLAND, MI 49423 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 10. ADDITIONS/CHANGES | |
|-----------------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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:  **N. Dale Kaper, Manager** 2/7/06 616-396-0199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #