


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90148 038 ****50.00

DOCUMENT # L05000118124

1. Entity Name
SMITH ASSOCIATES BANK 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 - No P.O. Box #
400 N. FEDERAL HIGHWAY

3. Mailing Address
400 N. FEDERAL HIGHWAY


Suite, Apt. #, etc.

City & State
POMPANO BEACH FLORIDA

City & State
POMPANO BEACH FLORIDA

Zip
33062

Country
BRUNARD



02212007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2270075

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

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 **N. Dale Kaper**

Street Address (P.O. Box Number is Not Acceptable)
400 N. Federal Highway

City **Pompano Beach** **FL** Zip Code **33062**

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 **2-25-07**

Signature of individual or principal name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00
 Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	SMITH, BENJ. A <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	106 EAST 8TH STREET HOLLAND, MI 49423	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE MGR	KAPER, N. DALE <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	106 EAST 8TH STREET HOLLAND, MI 49423	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP		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:  DATE **2-25-07** DAYTIME PHONE # **616-396-0119**

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