2008 LIMITED LIABILITY COMPANY

Apr 21, 2008 08:00 A Secretary of State ANNUAL REPORT **DOCUMENT # L05000118124** SMITH ASSOCIATES BANK FUND MANAGEMENT LLC Principal Place of Business Mailing Address 400 N FEDERAL HWY 400 N FEDERAL HWY POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 04042008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2270075 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **PDO NOT WRITE** KAPER, N. DALE 400 N FEDERAL HWY POMPANO BEACH, FL 33062 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Hñnnnnan7aac 05/06/08-80009-016 138.75 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. TITLE MGR SMITH, BENJ, A NAME STREET ADDRESS 106 EAST 8TH STREET CITY-ST-ZIP HOLLAND, MI 49423 MGR KAPER, N. DALE NAME 106 EAST 8TH STREET STREET ADDRESS CITY-ST-ZIP HOLLAND, MI 49423 TITLE NAME STREET ADDRESS DO NOT WRI CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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