

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000118124

**FILED**  
**Jun 16, 2011**  
**Secretary of State**

**Entity Name:** SMITH ASSOCIATES BANK FUND MANAGEMENT LLC

**Current Principal Place of Business:**

400 N FEDERAL HWY  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

106 E 8TH STREET  
HOLLAND, MI 49423

**New Mailing Address:**

**FEI Number:** 20-2270075

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAPER, N. DALE  
400 N FEDERAL HWY  
POMPANO BEACH, FL 33062 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SMITH, BENJ. A  
Address: 106 EAST 8TH STREET  
City-St-Zip: HOLLAND, MI 49423

Title: MGR  
Name: KAPER, N. DALE  
Address: 106 EAST 8TH STREET  
City-St-Zip: HOLLAND, MI 49423

I hereby 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: N. DALE KAPER

MGR

06/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date