


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90353 043 \*\*\*\*55.00

<b>DOCUMENT # L05000119556</b>					
1. Entity Name <b>THE SM2 LLC</b>					
Principal Place of Business <b>1649 SWAN TERRACE NORTH FT. MYERS, FL 33913</b>			Mailing Address <b>1649 SWAN TERRACE NORTH FT. MYERS, FL 33913</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>EDY, WILLIAM T 201 NICHOLAS PARKWAY CAPE CORAL, FL 33991</b>			Name <b>WILLIAM H. EVANS</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>1649 SWAN TER</b>		
			City <b>NFM</b>		
			FL Zip Code <b>33903</b>		
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 <u>WILLIAM H. EVANS</u> <u>William Evans</u> (NOTE: Registered Agent signature required when reappointing) DATE					
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WILLIAM H. EVANS</b> <input type="checkbox"/> Delete <b>1649 SWAN TER</b> <b>NFM FL 33903</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVELYN A EVANS</b> <input type="checkbox"/> Delete <b>1649 SWAN TER</b> <b>NFM FL 33903</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC/TREAS.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Evelyn A. Evans</u> <b>EVELYN A EVANS</b> 02/10/06 939 995-0164					



ATTACHMENT

30002875

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 15, 2006

THE SM2 LLC  
1649 SWAN TERRACE  
NORTH FT. MYERS, FL 33913

Subject: THE SM2 LLC

Reference Number:

L05000119556

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj

ANNUAL REPORTS SECTION