2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 22, 2006 8:00 am Secretary of State 03-13-2006 90353 043 ****55.00

3/:

DOCUMENT # L05000119556 1. Entity Name THE SM2 LLC								03-13-2	006 90353	3 043 ***	**55.00
Principal Place 1649 SWAN TE NORTH FT. MY	ERRACE		Mailing Address 1649 SWAN TERRACE NORTH FT. MYERS, FL 33913				LEADING ON CEAN CHAIL AND CEAN CHAIL AND CHAIL				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #. etc.			Suite, Apt. #, etc.				02042006	Chg-LLC	CR2E0	83 (11/05)	
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Zip			Zip Count		itry			e of Status Desired	ا قا	\$5.00 Add Fee Requires	
Name and Address of Current Registered Agent					Name			d Address of New			
EDY, WILLIAM T 201 NICHOLAS PARKWAY ,CAPE CORAL, FL 33991					Street Address (P.O. Box Nu					ANS R	
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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.											and accept
SIGNATURE	W//	al printed name of registered agent a	no title il jabalicable. (NOTI	E: Registere	d Agent signature	• required	when reinstating)	Tranz	DATE		
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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 <u>has not been filed</u> 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