

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014678

Entity Name: SSMP, LLC

FILED  
Jan 05, 2007  
Secretary of State

## Current Principal Place of Business:

1726 7TH AVENUE  
SUITE 22  
TAMPA, FL 33605

## New Principal Place of Business:

16111 BRIDGEWALK DRIVE  
SUITE A  
LITHIA, FL 33547

## Current Mailing Address:

1726 7TH AVENUE  
SUITE 22  
TAMPA, FL 33605

## New Mailing Address:

16111 BRIDGEWALK DRIVE  
SUITE A  
LITHIA, FL 33547

FEI Number: 20-4191142

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INDEPENDENT EXECUTIVE MANAGEMENT, LLC  
1726 7TH AVENUE  
SUITE 22  
TAMPA, FL FL US

## Name and Address of New Registered Agent:

INDEPENDENT EXECUTIVE MANAGEMENT, LLC  
16111 BRIDGEWALK DRIVE  
SUITE A  
LITHIA, FL FL US

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: MARCO CAPORALE

01/05/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: INDEPENDENT EXECUTIV, E MANAGEMENT, L LC  
Address: 1726 7TH AVENUE SUITE 22  
City-St-Zip: TAMPA, FL 33605

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: INDEPENDENT EXECUTIV, E MANAGEMENT, L LC  
Address: 16111 BRIDGEWALK DRIVE SUITE A  
City-St-Zip: LITHIA, FL 33547

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARCO CAPORALE

MGR

01/05/2007

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