

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049095

FILED
Jun 16, 2009
Secretary of State

Entity Name: SMITH/COOPER HOLDINGS II, LLC

Current Principal Place of Business:

100 SOUTH POINTE DRIVE
SUITE NO. 3304
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

100 SOUTH POINTE DRIVE
SUITE NO. 3304
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 20-4861765 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COOPER, BARRY J JR ESQ.
100 SOUTH POINTE DRIVE, STE. NO 3304
MIAMI BEACH, FL 33139 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR. () Delete
Name: SMITH, STUART H ESQ.
Address: 100 SOUTH POINTE DRIVE, SUITE NO. 3304
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MR. () Delete
Name: COOPER, JR., BARRY J ESQ.
Address: 100 SOUTH POINTE DRIVE, SUITE NO. 3304
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BARRY J. COOPER, JR., ESQ.

MR.

06/16/2009

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