# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # L06000051937

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SMARTER CHANGES, L.L.C.



Principal Place of Business

200 ATLANTIC BLVD. INDIAN HARBOUR BEACH, FL. 32937 Mailing Address

200 ATLANTIC BLVD.

INDIAN HARBOUR BEACH, FL 32937

## **FILED** Apr 17, 2008 08:00 Al Secretary of State



04022008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3751784	 -	Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

INDIAN HARBOUR BEACH, FL 32937

JENSEN, GERALDINE A 200 ATLANTIC BLVD. INDIAN HARBOUR BEACH, FL 32937

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	a named entity submits this statement for the purpose of cha- tions of registered agent.	inging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.				
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	DATE	
	e NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		U00000901796 04/29/08-80084-009 138.75	
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	JENSEN, GERALDINE A			
STREET ADDRESS	200 ATLANTIC BLVD.			

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TITLE STREET ADDRESS CITY-ST-ZIP TITLE ŇAMF STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.