

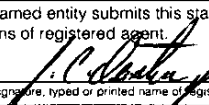
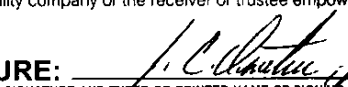


FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90023 019 ***138.75

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|--|--|---|--|--|--|
| DOCUMENT # L06000057519 | |  | | 04-30-2008 90023 019 ***138.75 | |
| 1. Entity Name SMP, LLC | | | | | |
| Principal Place of Business 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207 | | Mailing Address 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207 | | 50005282 | |
| 2. Principal Place of Business - No P.O. Box # 1551 Atlantic Blvd. | | 3. Mailing Address P.O. Box 47050 | |  | |
| Suite, Apt. #, etc. Suite 300 | | Suite, Apt. #, etc. | | 04172008 Chg-LLC CR2E083 (12/06) | |
| City & State Jacksonville, FL | | City & State Jacksonville, FL | | 4. FEI Number 20-5004673 | |
| Zip 32207 | | Country | | Applied For Not Applicable | |
| Zip 32207 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DEMETREE, J.C. JR. 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207 | | 7. Name and Address of New Registered Agent Name Demetree, J. C. Jr. Street Address (P.O. Box Number is Not Acceptable) 1551 Atlantic Blvd., Suite 300 City Jacksonville FL Zip Code 32207 | | | |
| 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  DATE 4/28/08 (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR DEMEIREE, JC JR 3740 BEACH BLVD STE 300 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR Demetree, Jr, J. C. 1551 Atlantic Blvd, Suite 300 Jacksonville, FL 32207 <input checked="" 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 | | |
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| 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:  DATE 4/28/08 DAYTIME PHONE # 398 7350 | | | | | |