


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90069 015 \*\*\*\*\*50.00

<b>DOCUMENT # L06000095583</b>	
1. Entity Name <b>SMART BUY MEMBER LLC</b>	

Principal Place of Business <b>201 SOUTH BISCAYNE BLVD. SUITE 1500 (FER) MIAMI, FL 33131</b>	Mailing Address <b>201 SOUTH BISCAYNE BLVD. SUITE 1500 (FER) MIAMI, FL 33131</b>
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**60044612**

2. Principal Place of Business - No P.O. Box # <b>3651 NW 79 AVENUE</b>	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>MIAMI, FL</b>	City & State
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Zip <b>33166</b>	Country	Zip	Country
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04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>N/A</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CORPORATION COMPANY OF MIAMI 201 SOUTH BISCAYNE BLVD. SUITE 1500 (HEP) MIAMI, FL 33131</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR : CUCCINA OULIN, INC 3651 NW 79 AVENUE MIAMI, FL 33166</b> <input type="checkbox"/> Delete <i>PNY-636</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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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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

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.

<b>SIGNATURE:</b> <i>[Signature]</i>	Signature and typed or printed name of signing managing member, manager, or authorized representative	Date <i>4/26/07</i>	Daytime Phone # <i>205-599-9100</i>
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