


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000097491		
1. Entity Name 501 SM, LLC		


Principal Place of Business 1900 SERPENTINE DRIVE SOUTH ST. PETERSBURG, FL 33712	Mailing Address 1900 SERPENTINE DRIVE SOUTH ST. PETERSBURG, FL 33712
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

2007 MAY 18 P 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03242007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5608929	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AYERS, VALERIE L 1900 SERPENTINE DRIVE SOUTH ST. PETERSBURG, FL 33712		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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
<i>MANAGING MEMBER</i> <i>AYERS, VALERIE L</i> <i>1900 SERPENTINE DR. So.</i> <i>ST. PETERSBURG, FL 33712</i>		<i>400103591294</i> <i>05/31/07--01007--012 **1100.00</i>	
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.

SIGNATURE: *Valerie L. Ayers* *Valerie L. Ayers* 4/28/07 727-215-4205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____