

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097491

Entity Name: 501 SM, LLC

FILED
Jan 22, 2008
Secretary of State

Current Principal Place of Business:

1900 SERPENTINE DRIVE SOUTH
ST. PETERSBURG, FL 33712

New Principal Place of Business:

501 S MISSOURI AVE
CLEARWATER, FL 33756

Current Mailing Address:

1900 SERPENTINE DRIVE SOUTH
ST. PETERSBURG, FL 33712

New Mailing Address:

501 S MISSOURI AVE
CLEARWATER, FL 33756

FEI Number: 20-5608929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYERS, VALERIE L
1900 SERPENTINE DRIVE SOUTH
ST. PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

LAYMAN, ANDREA L
501 S MISSOURI AVE
CLEARWATER, FL 33756 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: /ANDREA LAYMAN/

01/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AYERS 1 LIMITED PART, NERSHIP
Address: 1900 SERPENTINE DRIVE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: LAYMAN, WILLIAM D
Address: 501 S MISSOURI AVE
City-St-Zip: CLEARWATER, FL 33756

Title: VP () Change (X) Addition
Name: LAYMAN, ANDREA A
Address: 501 S MISSOURI AVE
City-St-Zip: CLEARWATER, FL 33756

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: /WILLIAM LAYMAN/

PRES

01/22/2008

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