2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 28, 2008
Secretary of State

DOCUMENT# L07000067958

Entity Name: SMART INVESTMENT GROUP LLC

Current Principal Place of Business:

3036 JUNEBERRY TERRACE
OVIEDO, FL 32762

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 621233
OVIEDO, FL 32762

New Mailing Address:

P.O. BOX 620282
OVIEDO, FL 32762

FEI Number: 33-1171252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

OSORIO, JAVIER
3036 JUNEBERRY TERRACE
OVIEDO, FL 32762 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: OSORIO, JAVIER
Address: P.O. BOX 621233
City-St-Zip: OVIEDO, FL 32762

Title: MGRM ( ) Delete
Name: PAGAN, VICTOR
Address: P.O. BOX 621233
City-St-Zip: OVIEDO, FL 32762

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: OSORIO, JAVIER
Address: P.O. BOX 620282
City-St-Zip: OVIEDO, FL 32762

Title: MGRM (X) Change ( ) Addition
Name: PAGAN, VICTOR
Address: P.O. BOX 620282
City-St-Zip: OVIEDO, FL 32762

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: JAVIER OSORIO MGR 08/28/2008

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