# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 16, 2009**
**Secretary of State**

DOCUMENT# L07000094064

**Entity Name:** SMA II, L.L.C.

**Current Principal Place of Business:**

4751 JIM WALTER BLVD.
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

4751 JIM WALTER BLVD.
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number: 26-1077661** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CUNZOLO, PETER R
4751 JIM WALTER BLVD.
TAMPA, FL 33607 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: CUNZOLO, PETER R
Address: 4751 JIM WALTER BOULEVARD
City-St-Zip: TAMPA, FL 33607

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PETER R. CUNZOLO MGRM 01/16/2009

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