2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# L08000056397

Entity Name: SMARTUSER, LLC

Current Principal Place of Business:

13554 NALLARD CROSSING STREET
ORLANDO, FL 32837

New Principal Place of Business:

13554 MALLARD CROSSING STREET
ORLANDO, FL 32837

Current Mailing Address:

13554 NALLARD CROSSING STREET
ORLANDO, FL 32837

New Mailing Address:

13554 MALLARD CROSSING STREET
ORLANDO, FL 32837

FEI Number: 56-2392365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AUST, LYNN B ESQ.
1220 EAST LIVINGSTON STREET
ORLANDO, FL 32803 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: MGR ( ) Delete
Name: NEGRI, MARIA
Address: 13554 NALLARD CROSSING STREET
City-St-Zip: ORLANDO, FL 32837

Title: ST ( ) Delete
Name: NEGRI, MARIA
Address: 13554 NALLARD CROSSING STREET
City-St-Zip: ORLANDO, FL 32837

Title: P ( ) Delete
Name: NEGRI, MAURIZIO
Address: 13554 NALLARD CROSSING STREET
City-St-Zip: ORLANDO, FL 32837

Title: V ( ) Delete
Name: BUSTAMANTE, OSWALDO
Address: 13554 NALLARD CROSSING STREET
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NEGRI, MARIA
Address: 13554 MALLARD CROSSING STREET
City-St-Zip: ORLANDO, FL 32837

Title: ST (X) Change ( ) Addition
Name: NEGRI, MARIA
Address: 13554 MALLARD CROSSING STREET
City-St-Zip: ORLANDO, FL 32837

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

Title: V (X) Change ( ) Addition
Name: BUSTAMANTE, OSVALDO H
Address: CASTELLI 367, PISO 7 DPTO. A
City-St-Zip: BUENOS AIRES, DF C1032AAC AR

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: MARIA NEGRI MGR 04/21/2009

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