2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9700000093						1-1	LED		
1. Entity Name						03 HAD	* -		
SMARTGA	ATE, L.C.		Sep.			SECRETAR	·7 PM 12: 23	3	
Principal Place of Business Mailing Address				~~		TALLAHASS	I OF STATE EE FLORIDA		
4400 INDEPEND		4400 INDEPENDENCE COURT					CE, LEURIUA		
SARASOTA FL 34234		SARASOTA FL 34234							٠
									<b>                                    </b>
2. Principal Place of Business		3. Mailing Address							
Suite, Apt	#, etc	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State				4. FEI Number	65-0730078	<b>→</b>	Appliea For
Zip Country		Zip Country			-	5. Certificate of	Status Desired	□ \$5.00 A	Not Applicable additional
	6 None and Address of Courses	Di-t						Fee Requ	ired →
Name and Address of Current Registered Agent						7. Name and A	ddress of New Reg	Istered Agent	
DUFFEY, SAMUEL S			-	Street Address (P.O. Box Number is Not Acceptable)					
	) Independence court Asota FL 34234	Street Address			JOIE55 (1		s Not Acceptable)		
0/11	700 17 1 2 04204								
			[	City		•		FL Zip Ci	ode
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered o	office or	registere	ed agent, or both,	in the State of Florid	a. I am familiar wit	h, and accept
SIGNATURE .	Signature, typed or printed name of registered agent a								
	экупакоге, турео ог рттео пата от гедиваао аделиа		<del></del>		· · · · · · · ·	when reinstaling)		DATE	
		Make Check Payabl	e to Floric	t IS ≬; da Den	50.00 sartmer	of States	\	בילכיליו	
	·	Indianeout Due	в Ву Мау	1, 2003	Bites in the	00003/07/0	301025	013 **50.	00
9.	MANAGING MEMBE		.10.	···		33,01,0	ADDITIONS/CH		
TITLE	MGRP	☐ Delete	TITLE					☐ Chang	Addition
NAMÉ STREET ADDRESS	MICHAEL, STEPHEN A 4400 INDEPENDENCE COURT		NAME Street a	nnarce					
CITY - ST - ZIP	SARASOTA FL 34234		CITY-ST-						
TITLE	MGR	☐ Delete	TITLE	ľ	<u></u>			Chang	e <b>Addition</b>
NAME	DUFFEY, SAMUEL S		NAME						
STREET ADDRESS CITY-ST-ZIP	4400 INDEPENDENCE COURT		STREET AL	1					
TITLE	SARASOTA FL 34234 MGRT	☐ Delete	TITLE	211				E Change	Addition
NAME	KING, EDMUND		NAME					( <u>a</u>	,
STREET ADDRESS	4400 INDEPENDENCE CT.	_	STREET AL			L .		7440	11
CITY-ST-ZIP	SARASOTA FL 34236 MGR		CITY-ST-	200	<del>- 6</del>	$\mathcal{L}_{\mathcal{U}}$		3423	
TITLE NAME	KNIGHT, ROBERT	☐ Delete	TITLE NAME		V	$\mathcal{I}$	<i></i>	Change	e 🔲 Addition
STREET ADDRESS	4400 INDEPENDENCE CT.		STREET AL	DDRESS	1	71 -			
CITY - ST - ZIP	SARASOTA FL 34234		CITY-ST-	ZIP		J			
HILE	\$	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS	DOLAN, WILLIAM W		NAME	000500					
CITY-ST-ZIP	4400 INDEPENDENCE CT. SARASOTA FL 34234		STREET AL				• •		
TITLE	UNIMOUTA IL UTLUT	☐ Delete	TITLE	+				Change	B Addition
NAME			NAME					الماسين الم	
STREET ADDRESS			STREET AC						
CITY-ST-ZIP			CITY-ST-						
11. I nereoy c	ertity that the information supplied with on this report is true and laccurate and to billity company or the receiver or trustee.	this filing does not qualify for that my signature shall have t	the exemptions the same leg	ion state	ed in Sec t as if ma	ction 119.07(3)(i), I ade under oath; th	riorida Statutes. I fui iat I am a managing	rther certify that the member or mana	e information ger of the

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Design D