

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90034 017 \*\*\*\*50.00

DOCUMENT # L99000001314

1. Entity Name

SMG Properties, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

25241 Elementary Way

3. Mailing Address

25241 Elementary Way

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip

34135

Country

US

Zip

34135

Country

US

4. FEI Number

59-3590800

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Dan F. Sater II

Street Address (P.O. Box Number is Not Acceptable)

25241 Elementary Way

Suite 200

City

Bonita Springs

FL

Zip Code

34135

8. 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

DAN F. SATER II

DATE

4-15-02

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	Gates, Todd
STREET ADDRESS	5104 Park Central Court
CITY - ST - ZIP	Naples, Florida 34109
TITLE	MGRM
NAME	McVey, James
STREET ADDRESS	5104 Park Central Court
CITY - ST - ZIP	Naples, Florida 34109
TITLE	MGRM
NAME	Sater II, Dan
STREET ADDRESS	25241 Elementary Way #200
CITY - ST - ZIP	Bonita Springs FL 34135
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

DAN F. SATER II

4-15-02

Date

941-495-2106

Daytime Phone #

CR2E083B (12/01)