

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 18, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000007840**1. Entity Name  
SM-ABBINGTON SQUARE, LLC

Principal Place of Business 9021 TOWN CENTER PARKWAY  BRADENTON FL 34232	Mailing Address 9021 TOWN CENTER PARKWAY  BRADENTON FL 34232
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0963483**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  GRAUS KIMBERLY L 9021 TOWN CENTER PARKWAY  BRADENTON FL 34232 US	7. Name and Address of New Registered Agent <table border="1"><tr><td>Name GRAUS KIMBERLY L</td></tr><tr><td>Street Address (P.O. Box Number is Not Acceptable) 9021 TOWN CENTER PARKWAY</td></tr><tr><td>City BRADENTON FL Zip Code 34202</td></tr></table>	Name GRAUS KIMBERLY L	Street Address (P.O. Box Number is Not Acceptable) 9021 TOWN CENTER PARKWAY	City BRADENTON FL Zip Code 34202
Name GRAUS KIMBERLY L				
Street Address (P.O. Box Number is Not Acceptable) 9021 TOWN CENTER PARKWAY				
City BRADENTON FL Zip Code 34202				

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 \_\_\_\_\_ DATE **04/18/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAUS KIMBERLY L 9021 TOWN CENTER PKWY BRADENTON FL 34202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMG, LLC 9021 TOWN CENTER PKWY BRADENTON FL 34202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOYLE MICHAEL J 9021 TOWN CENTER PKWY BRADENTON FL 34202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEWSOME JOHN S 9021 TOWN CENTER PKWY BRADENTON FL 34202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: KIMBERLY L. GRAUS** MGR 04/18/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)