


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000002610	
1. Entity Name SMT SANFORD, LLC	

Principal Place of Business 201 HICKMAN DR. SANFORD, FL 32771	Mailing Address 159 S. MAIN ST., STE. 500 AKRON, OH 44308
---------------------------------------------------------------------	-----------------------------------------------------------------



04282004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1939635	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

~~SIGNATURE~~ _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BRENNAN, DAVID L 159 S. MAIN STREET, SUITE 500 AKRON, OH 44308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEAVER, KEITH B 7300 ACC BLVD RALEIGH, NC 27613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WEBER, JOSEPH R 159 S. MAIN STREET, SUITE 500 AKRON, OH 44308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WALKO, LEE S 75 E. MARKET ST. AKRON, OH 44308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000152825
05/04/04-80100-021 50.00

**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: Keith B. Weaver Keith B. Weaver 4/28/04 919-719-2175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #