

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90140 014 ****55.00

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DOCUMENT # M00000002610 1. Entity Name SMT SANFORD, LLC					
Principal Place of Business 201 HICKMAN DR. SANFORD, FL 32777 <i>See change below</i>			Mailing Address 159 S. MAIN ST., STE. 500 AKRON, OH 44308		
2. Principal Place of Business - No P.O. Box # <i>c/o. Sunset View Mgmt Co</i> Suite, Apt. #, etc. <i>159 S. Main St, Suite 500</i> City & State <i>AKRON, OHIO</i>		3. Mailing Address Suite, Apt. #, etc. City & State Zip <i>44308</i>			
Country <i>USA</i>		Zip <i>44308</i>		Country <i>USA</i>	
4. FEI Number 34-1939635				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				01152007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent BMD FLORIDA SERVICE, LLC 76 SOUTH LAURA STREET, SUITE 2110 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRENNAN, DAVID L 159 S. MAIN STREET, SUITE 500 AKRON, OH 44308	<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	MGRM WEAVER, KEITH B 7300 ACC BLVD RALEIGH, NC 27613	<input checked="" 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	MGRM WEBER, JOSEPH R 159 S. MAIN STREET, SUITE 500 AKRON, OH 44308	<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	MGRM WALKO, LEE S 75 E. MARKET ST. AKRON, OH 44308	<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	MGRM WALKO, LEE S 75 E. MARKET ST. AKRON, OH 44308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Joseph R Weber</i> <i>Vice President</i> <i>1/22/07</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					