M01000002139

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-02-2005 90014 018 150.00
M01000002139

DOCUMENT # M01000002139

1. Entity Name
SMG/LMI, LLC
REINSTATEMENT 2004-2005

FILED
04/19/05
05 APR 18 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
20016983

Principal Place of Business	Mailing Address
701 MARKET STREET, 4TH FLOOR PHILADELPHIA, PA 19106	701 MARKET STREET, 4TH FLOOR PHILADELPHIA, PA 19106

07012004 No Chg-LLC CR2E083 (10/03)

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4. FEI Number
23-2511871
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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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] JAMES M. NEWSOME Special Assistant Secretary 3/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SMG
STREET ADDRESS	701 MARKET ST.
CITY-ST-ZIP	PHILADELPHIA, PA 19106
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	2004 -
TITLE	
NAME	REINSTATEMENT 2005
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	

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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: [signature] 11-30-04 215-592-6661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #