2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State
01-12-2004 90130 013 ****50.00

DOCUMENT # M01000002545

1. Entity Name
SMART DOCUMENT SOLUTIONS, LLC

Principal Place of Business	Mailing Address
120 BLUEGRASS VALLEY PKWY. ALPHARETTA, GA 30005	PO BOX 1812 ALPHARETTA, GA 30005

DO NOT WRITE IN THIS SPACE

01072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
58-2659941

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE
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	MGR
NAME	SMART, JOHN A
STREET ADDRESS	120 BLUEGRASS VALLEY PKWY.
CITY-ST-ZIP	ALPHARETTA, GA 30005
TITLE	MGR
NAME	SMART HOLDINGS CORP.
STREET ADDRESS	75 14TH STREET 24TH FL
CITY-ST-ZIP	ATLANTA, GA 30309
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	

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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: CINDY THURMAN 1/7/04 770 360 1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #