

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002027

FILED
Feb 05, 2004
Secretary of State

Entity Name: SMART ENTERPRISES, LLC

Current Principal Place of Business:

11640 ARBOR ST STE 201
OMAHA, NE 68144

New Principal Place of Business:

Current Mailing Address:

11640 ARBOR ST STE 201
OMAHA, NE 68144

New Mailing Address:

FEI Number: 47-0845913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLIER, TRENTON
645 105TH AVE N.
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

COLLIER, TRENTON
6846 OLD BANYON WAY
NAPLES, FL 34109 US

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: TRENTON COLLIER

02/05/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FROST, JOSEPH
Address: 11640 ARBOR ST STE 201
City-St-Zip: OMAHA, NE 68144

Title: MGRM () Delete
Name: HELLMAN, JASON B
Address: 11640 ARBOR ST STE 201
City-St-Zip: OMAHA, NE 68144

Title: MGRM () Delete
Name: WILLIAMS, TARREL S
Address: 11640 ARBOR ST STE 201
City-St-Zip: OMAHA, NE 68144

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOSEPH M. FROST

MGRM

02/05/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date