

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 13, 2007 08:00 AM  
Secretary of State

DOCUMENT # M02000002027

1. Entity Name  
SMART ENTERPRISES, LLC



Principal Place of Business  
12925 WEST DODGE RD.  
OMAHA, NE 68154

Mailing Address  
12925 WEST DODGE RD.  
OMAHA, NE 68154



01262007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 47-0845913	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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FROST, JOSEPH 11640 ARBOR ST STE 201 OMAHA, NE 68144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HELLMAN, JASON B 11640 ARBOR ST STE 201 OMAHA, NE 68144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, TARREL S 11640 ARBOR ST STE 201 OMAHA, NE 68144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMEJKAL, LEAH D 11640 ARBOR ST STE 201 OMAHA, NE 68144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000634537  
02/22/07-80015-001 50.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

*Joe Frost*

1/24/07

4025047400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #