2004 LIMITED LIABILITY COMPANY FILED **ANNUAL REPORT** Apr 01, 2004 08:00 AM Secretary of State DOCUMENT # M03000001283 1. Entity Name SMN MANAGEMENT, LLC Principal Place of Business Mailing Address 401 COMMERCIAL COURT, SUITE A 401 COMMERCIAL COURT, SUITE A VENICE, FL 34292 VENICE, FL 34292 03232004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 90-0068487 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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, lyoudier printed name of rogistered agent and the diappicable (NOTE: Registered Agent aignature required when reinstaling) STAG Filing Fee is \$50.00 U00000101025 U4/U1/U4-8UU31-015 55.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. TITLE TAYLOR RANCH, LTD. NAME STREET ADDRESS 401 COMMERCIAL COURT, SUITE A CITY-ST-ZIP VENICE, FL 34292 TITLE HAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST ZIP TITLE NAME STREET ADDRESS CITY-ST ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 it made under oath; that I am a managing member or manager of the timited liability company or the receiver of trustee emotivered to execute this report as required by Chapter 608, Florida Statutes.

BER. OR AUTHORIZED REPRESENTATIVE

CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MA