

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002449

Entity Name: SMA ALLIANCES, LLC

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

3414 PEACHTREE ROAD
SUITE 1020 MONARCH PLAZA
ATLANTA, GA 30326

New Principal Place of Business:

Current Mailing Address:

3414 PEACHTREE ROAD
SUITE 1020 MONARCH PLAZA
ATLANTA, GA 30326

New Mailing Address:

FEI Number: 06-1671575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, ROB
5215 W. LAUREL STREET, SUITE 210
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MAGNER, RICHARD E
Address: 3414 PEACHTREE RD., STE 1020 MONARCH PLAZA
City-St-Zip: ATLANTA, GA 30326

Title: MGR (X) Delete
Name: MILLER, THOMAS E
Address: 2601 MAIN STREET SUITE 750
City-St-Zip: IRVINE, CA 92614

Title: MGR (X) Delete
Name: ROY, STEPHEN R
Address: 2860 JOHNSON FERRY ROAD SUITE 250
City-St-Zip: MARIETTA, GA 30062

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 Chapter 119, 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: ANN M. CUMMINGS

OM

04/18/2007

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