


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90051 012 \*\*\*\*50.00

<b>DOCUMENT # M04000000841</b>	
1. Entity Name SMB HOLDINGS, L.L.C.	

Principal Place of Business 2636 W. GRAND RESERVE CIRCLE, #917 CLEARWATER, FL 33759	Mailing Address 2636 W. GRAND RESERVE CIRCLE, #917 CLEARWATER, FL 33759
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**DO NOT WRITE IN THIS SPACE**



04072005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0437186	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

MASI, MEREIA D  
 116 IRWIN STREET E.  
 SAFETY HARBOR, FL 34695

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRADSCO DEVELOPMENT, LIMITED P.O. BOX 240 PORT VILA, VANUATU,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** Mereia D. Masi April 7/05 (727) 791-1618  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #