


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90368 043 \*\*\*\*50.00

<b>DOCUMENT # M04000001845</b>		
1. Entity Name <b>SMMS, L.L.C.</b>		

Principal Place of Business <b>30245 COUNTY RD 49 LOXLEY, AL 36551</b>	Mailing Address <b>30245 COUNTY RD 49 LOXLEY, AL 36551</b>
---	---

**14013058**



2. Principal Place of Business <b>531 WEST LAUREL</b>	3. Mailing Address <b>P.O. Box 660</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04262005 Chg-LLC CR2E083 (10/03)

City & State <b>FOLEY, AL</b>	City & State <b>GULF SHORES, AL</b>
Zip <b>36536</b>	Country
Country	Zip <b>36547</b>
Country	Country

4. FEI Number <b>72-1531378</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	
<b>GOLDSTEIN, MARK 13599 PERDIDO KEY DR, UNIT T-8C PENSACOLA, FL 32507</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RYALS, DONALD S PO BOX 489 GULF SHORES, AL 36547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 660</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDSTEIN, MARK 13599 PERDIDO KEY DR, UNIT T-8C PENSACOLA, FL 32507 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOSS, MARK 21 WESLEY CHAPEL RD SUFFERN, NY 10901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EGENHAUSER, SYD 241 WOODSIDE DR SOMERSET, KY 42503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** DONALD S. RYALS **04-27-05** **251-747-0097**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #