


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 08, 2007 08:00 AM
Secretary of State**

DOCUMENT # M06000004685 1. Entity Name SMV V, LLC	
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Principal Place of Business 2039 OLD FORGE WAY MARIETTA, GA 30068	Mailing Address 2039 OLD FORGE WAY MARIETTA, GA 30068
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02052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2287171	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HAAGENSON & HAAGENSON, P.A. 515 EAST LAS OLAS BLVD., SUITE 860 FORT LAUDERDALE, FL 33301

**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

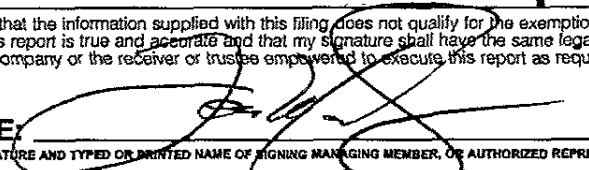
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MOODY, THOMAS W 2039 OLD FORGE WAY MARIETTA, GA 30068
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SPEROS, JOHN T 2039 OLD FORGE WAY MARIETTA, GA 30068
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02/16/07-80020-012 55.00

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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:  **2/5/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #