
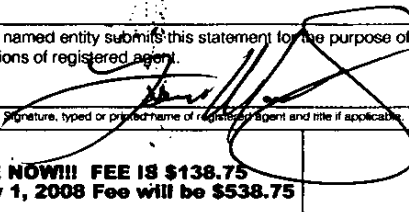
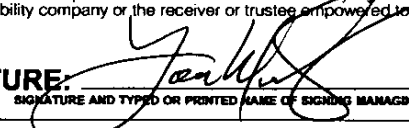


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90111 041 ***138.75

DOCUMENT # M06000004685					
1. Entity Name SMV V, LLC					
Principal Place of Business 2039 OLD FORGE WAY MARIETTA, GA 30068			Mailing Address 2039 OLD FORGE WAY MARIETTA, GA 30068		
2. Principal Place of Business - No P.O. Box # 1939 TYLER STREET		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Hollywood FL		City & State		4. FEI Number 20-2287171	
Zip 33020		Country USA		5. Certificate of Status Desired <input 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			7. Name and Address of New Registered Agent		
			Name THOMAS W MOODY		
			Street Address (P.O. Box Number is Not Acceptable) 1939 TYLER STREET		
			City Hollywood		
			FL		Zip Code 33020
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 4/9/08			
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE MGR	NAME MOODY, THOMAS W		TITLE MGR	NAME MOODY, THOMAS W	
STREET ADDRESS 2039 OLD FORGE WAY	CITY-ST-ZIP MARIETTA, GA 30068		STREET ADDRESS 1939 TYLER STREET	CITY-ST-ZIP Hollywood, FL 33020	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE MGR	NAME SPEROS, JOHN T		TITLE MGR	NAME SPEROS, JOHN T	
STREET ADDRESS 2039 OLD FORGE WAY	CITY-ST-ZIP MARIETTA, GA 30068		STREET ADDRESS 2039 OLD FORGE WAY	CITY-ST-ZIP MARIETTA, GA 30068	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE MGR	NAME SPEROS, JOHN T		TITLE MGR	NAME SPEROS, JOHN T	
STREET ADDRESS 2039 OLD FORGE WAY	CITY-ST-ZIP MARIETTA, GA 30068		STREET ADDRESS 2039 OLD FORGE WAY	CITY-ST-ZIP MARIETTA, GA 30068	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE MGR	NAME SPEROS, JOHN T		TITLE MGR	NAME SPEROS, JOHN T	
STREET ADDRESS 2039 OLD FORGE WAY	CITY-ST-ZIP MARIETTA, GA 30068		STREET ADDRESS 2039 OLD FORGE WAY	CITY-ST-ZIP MARIETTA, GA 30068	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 4/9/08 Daytime Phone #: 922-8300					