




**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # M07000001746						
1. Entity Name SMITH LAKE SHORES VILLAGE, LLC						
Principal Place of Business 25899 WEST 12 MILE ROAD, SUITE 260 SOUTHFIELD, MI 48034	Mailing Address 25899 WEST 12 MILE ROAD, SUITE 260 SOUTHFIELD, MI 48034	 01282008 No Chg-LLC CR2E083 (12/07) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">4. FEI Number 38-2851371</td><td style="padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</td></tr></table>	4. FEI Number 38-2851371	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent PUTTRE, BOB 9701 E. HIGHWAY 25, LOT #274 BELLEVIEW, FL 34420						
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>						
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 <div style="text-align: right;">000000845348 03/13/08-80036-006 138.75</div>						
9. MANAGING MEMBERS/MANAGERS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RISSMAN, ROBERT 25899 WEST 12 MILE ROAD, SUITE 260 SOUTHFIELD, MI 48034					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RISSMAN, BURTON 25899 WEST 12 MILE ROAD, SUITE 260 SOUTHFIELD, MI 48034					
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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:  ✓ 2-21-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>						