

FILED
Jun 02, 2008 8:00 am
Secretary of State

05-01-2008 90025 021 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M07000003641 1. Entity Name SMARTRESORT CO., LLC																																																																																			
Principal Place of Business 22645 CANAL ROAD, STE B ORANGE BEACH, AL 36561			Mailing Address 22645 CANAL ROAD, STE B ORANGE BEACH, AL 36561																																																																																
2. Principal Place of Business - No P.O. Box # 1240 Commerce Dr. Suite, Apt., #, etc. Ste A		3. Mailing Address PO Box 1245 Suite, Apt., #, etc.																																																																																	
City & State Gulf Shores AL		City & State Gulf Shores AL																																																																																	
Zip 36542		Country USA		Zip 36547																																																																															
Country USA		4. FEI Number 04-37637026																																																																																	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																																																																			
6. Name and Address of Current Registered Agent REGISTERED AGENTS LEGAL SERVICES, LLC 155 OFFICE PLAZA DRIVE, STE A TALLAHASSEE, FL 32301			7. Name and Address of Prior Registered Agent																																																																																
Signature (Signature, name or printed name of registered agent and title if applicable)			Date																																																																																
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">A. MANAGING MEMBERS / MANAGERS</th> <th colspan="3" style="text-align: left;">B. ADDITIONS / CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 387</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>ORANGE BEACH, AL 36561</td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						A. MANAGING MEMBERS / MANAGERS			B. ADDITIONS / CHANGES			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	P.O. BOX 387		STREET ADDRESS			CITY-STATE-ZIP	ORANGE BEACH, AL 36561		CITY-STATE-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-STATE-ZIP			CITY-STATE-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-STATE-ZIP			CITY-STATE-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-STATE-ZIP			CITY-STATE-ZIP		
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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 605, Florida Statutes.																																																																																			
SIGNATURE: <u>Jeff Hathaway</u> Jeff Hathaway 4-10-08 251-224-0845 (Signature and typed or printed name of signing managing member, receiver, or authorized representative)																																																																																			