

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000580

Entity Name: SMITMART, L.L.C.

FILED  
Apr 16, 2008  
Secretary of State

**Current Principal Place of Business:**

3655 NOBEL DRIVE, SUIET 650  
SAN DIEGO, CA 92122

**New Principal Place of Business:**

**Current Mailing Address:**

3655 NOBEL DRIVE, SUIET 650  
SAN DIEGO, CA 92122

**New Mailing Address:**

FEI Number: 86-0799660

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MALK, BRIAN C TRUSTEE  
Address: 3655 NOBEL DRIVE, SUIET 650  
City-St-Zip: SAN DIEGO, CA 92122

Title: MGRM ( ) Delete  
Name: ZARCADES, PETER A TRUSTEE  
Address: 3655 NOBEL DRIVE, SUIET 650  
City-St-Zip: SAN DIEGO, CA 92122

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MALK, BRIAN C TRUSTEE  
Address: 3655 NOBEL DRIVE, SUITE 650  
City-St-Zip: SAN DIEGO, CA 92122

Title: MGRM (X) Change ( ) Addition  
Name: ZARCADES, PETER A TRUSTEE  
Address: 3655 NOBEL DRIVE, SUITE 650  
City-St-Zip: SAN DIEGO, CA 92122

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN C. MALK

MGR

04/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date