

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004208

Entity Name: SMART BINARY, LLC

FILED
Apr 13, 2006
Secretary of State

Current Principal Place of Business:

5940 PELICAN BAY PLZ. S #101
GULFPORT, FL 33707

New Principal Place of Business:

1133 BAL HARBOR BLVD.
SUITE #1139-325
PUNTA GORDA, FL 33950

Current Mailing Address:

5940 PELICAN BAY PLZ. S #101
GULFPORT, FL 33707

New Mailing Address:

142 ACALYPHA CT.
PUNTA GORDA, FL 33955

FEI Number: 90-0137440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PKWY, STE 300
TAMPA, FL 33637 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: SMART, JERRY T
Address: 5940 PELICAN BAY PLZ. S #101
City-St-Zip: GULFPORT, FL 33707

Title: MGRM () Delete
Name: SMART, SUSAN E
Address: 5940 PELICAN BAY PLZ. S #101
City-St-Zip: GULFPORT, FL 33707

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMART, JERRY T
Address: 142 ACALYPHA CT.
City-St-Zip: PUNTA GORDA, FL 33955

Title: MGRM (X) Change () Addition
Name: SMART, SUSAN E
Address: 142 ACALYPHA CT.
City-St-Zip: PUNTA GORDA, FL 33955

I hereby certify that the information supplied with this filing does not qualify for the 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: JERRY T SMART

MGRM

04/13/2006

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