2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2005
Secretary of State

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Entity Name: SWAN LEW PROPERTIES, LLC

Current Principal Place of Business:

THE KRESS BUILDING, SUITE M-8
475 CENTRAL AVENUE
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

THE KRESS BUILDING, SUITE 202
475 CENTRAL AVENUE
ST. PETERSBURG, FL 33701 US

Current Mailing Address:

C/O ERNEST L. MASCARA
475 CENTRAL AVENUE, SUITE M-8
ST. PETERSBURG, FL 33701 US

New Mailing Address:

C/O ERNEST L. MASCARA
475 CENTRAL AVENUE, SUITE 202
ST. PETERSBURG, FL 33701 US

FEI Number: 20-0659702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASCARA, ERNEST L
THE KRESS BUILDING, SUITE M-8
475 CENTRAL AVENUE
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

MASCARA, ERNEST L
THE KRESS BUILDING, SUITE 202
475 CENTRAL AVENUE
ST. PETERSBURG, FL 33701 US

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: ERNEST L. MASCARA 03/01/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: LEWISON, GARY L
Address: 2867 GREY OAKS BOULEVARD
City-St-Zip: TARPON SPRINGS, FL 34688 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GARY L. LEWISON MGRM 03/01/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date