


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

01-24-2006 90041 032 ****50.00

DOCUMENT # L05000009274			
1. Entity Name SWISSTEX, LLC			
Principal Place of Business 56 SEABREEZE CIR. SEACREST BEACH, FL 32413		Mailing Address 56 SEABREEZE CIR. SEACREST BEACH, FL 32413	
2. Principal Place of Business 1541 BIRCHMILL AVE		3. Mailing Address 1541 BIRCHMILL AVE	
Suite, Apt. #, etc. B. 3204		Suite, Apt. #, etc. B. 3204	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33129	Country USA	Zip 33129	Country USA
4. FEI Number 202320915		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WERNLI, HANS-UELI 56 SEABREEZE CIR. SEACREST BEACH, FL 32413		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Hans-Ueli Wernli</i>		DATE	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WERNLI, HANS-UELI 56 SEABREEZE CIR. SEACREST BEACH, FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	WERNLI, HANS-UELI 1541 BIRCHMILL AVE, B. 3204 MIAMI, FL, 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>H. U. WERNLI</i>		Date: 3/12/06 706.237.0977	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

ATTACHMENT

30001538
#LOS000009274

DEAR FLORIDA DEPARTMENT OF STATE,

WE APPOLIGIZE FOR NOT SUBMITTING THE FEI NUMBER .

PLEASE FIND ENCLOSED THE REVISED FORM WITH OUR FEI NUMBER # 202320915 ACCORDINGLY.

RESPECTFULLY
HANS-UELI WERNLI