## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000014593

Entity Name: SWWS PARTNERSHIP INTERESTS, L.L.C.

10800 BISCAYNE BLVD SUITE 600

NORTH MIAMI, FL 33161

Address:

City-St-Zip:

FILED Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 10800 BISCAYNE BLVD SUITE 600 NORTH MIAMI, FL 33161 **New Mailing Address: Current Mailing Address:** PO BOX 546752 SURFSIDE, FL 33154 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MICHAEL I. BERNSTEIN, P.A. MILLENNIUM MANAGEMENT 1688 MERIDIAN AVENUE 10800 BISCAYNE BLVD SUITE 418 MIAMI, FL 33161 MIAMI BEACH, FL 33139 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: MILLENNIUM MANAGEMENT 04/30/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: **PSTD** Title: () Change () Addition () Delete SHAWLSON, A Name: Name: 10800 BISCAYNE BLVD SUITE 600 Address: Address: City-St-Zip: NORTH MIAMI, FL 33161 City-St-Zip: Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition Name: SCHON, HENRY Name: SCHON, HENRY Address: 10800 BISCAYNE BLVD SUITE 600 Address: 10800 BISCAYNE BLVD SUITE 600 City-St-Zip: NORTH MIAMI, FL 33161 City-St-Zip: MIAMI, FL 33161 Title: MGR () Delete Title: () Change () Addition WEINGARTEN, OTTO Name: Name: 10800 BISCAYNE BLVD SUITE 600 Address: Address: City-St-Zip: NORTH MIAMI, FL 33161 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: WEISS, ROBERT Name:

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.

Address:

City-St-Zip:

SIGNATURE: SHAWLSON A PSTD 04/30/2009