

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000059421

FILED
Feb 02, 2009
Secretary of State

Entity Name: SENSUAL SWINGERS COMPANY, LLC

Current Principal Place of Business:

1344 S LOTUS DR
DUNEDIN, FL 346985419 US

New Principal Place of Business:

102 CHARLES ST.
EDGEWATER, FL 321417308 US

Current Mailing Address:

PO BOX 389
DUNEDIN, FL 346970389 US

New Mailing Address:

PO BOX 991
EDGEWATER, FL 321329998 US

FEI Number: 26-2840385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURKE, SCOTT K
1344 S LOTUS DR
DUNEDIN, FL 346985419 US

Name and Address of New Registered Agent:

HAMMOND, ROBERT
102 CHARLES ST.
EDGEWATER, FL 321417308 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: ROBERT HAMMOND

02/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BURKE, SCOTT K
Address: PO BOX 389
City-St-Zip: DUNEDIN, FL 346970389 US

Title: MGRM () Delete
Name: HAMMOND, ROBERT F
Address: PO BOX 389
City-St-Zip: DUNEDIN, FL 346970348 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAMMOND, ROBERT
Address: PO BOX 991
City-St-Zip: EDGEWATER, FL 321329998 US

Title: MGRM (X) Change () Addition
Name: HAMMOND, KERRI L
Address: PO BOX 991
City-St-Zip: EDGEWATER, FL 321329998 US

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: ROBERT HAMMOND

MGRM

02/02/2009

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