


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90030 013 \*\*\*\*55.00

<b>DOCUMENT # L00000002240</b>	
1. Entity Name <b>SWERDLOW LIGHTSPEED MANAGEMENT COMPANY, LLC</b>	

Principal Place of Business <b>321 EAST HILLSBORO BLVD DEERFIELD BEACH, FL 33441</b>	Mailing Address <b>321 EAST HILLSBORO BLVD DEERFIELD BEACH, FL 33441</b>
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2. Principal Place of Business - No P.O. Box # <b>3390 Mary Street</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>Coconut Grove, FL</b> Zip <b>33133</b> Country <b>USA</b>	3. Mailing Address <b>3390 Mary Street</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>Coconut Grove, FL</b> Zip <b>33133</b> Country <b>USA</b>
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04162007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>52-2227453</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>STOTZER, THEODORE R ESQ 321 EAST HILLSBORO BLVD. C/O SWERDLOW BOCA DEVELOPERS GROUP, LLC HOLLYWOOD, FL 33021</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 Signature, typed or printed name of registered agent and title if applicable.	DATE

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BONEFISH PARTNERS LLC 3390 MARY STREET, SUTIE 200 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SWERDLOW, MICHAEL 3390 MARY STREET STE 200 COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STOTZER, THEODORE 321 EAST HILLSBORO BLVD DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SWERDLOW, RICHARD 3390 MARY STREET STE 200 COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUVAL, VICTOR 11200 NW 25TH ST #125 MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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

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.

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	<b>Michael Swerdlow</b> Date	<b>4/17/07</b> Daytime Phone #	<b>305-476-0100</b>
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