2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

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Entity Name: 19 SWINTON, LLC

Current Principal Place of Business:

5630 NE 7TH AVENUE
BOCA RATON, FL 33487 US

New Principal Place of Business:

19 S SWINTON AVE
DELRAY BEACH, FL 33444 US

Current Mailing Address:

5630 NE 7TH AVENUE
BOCA RATON, FL 33487 US

New Mailing Address:

19 S SWINTON AVE
DELRAY BEACH,, FL 33444 US

FEI Number: 26-0591664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUINI, JOHN
5630 NE 7TH AVENUE
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GIACHETTI, ALBERT
Address: 820 AURELIA STREET
City-St-Zip: BOCA RATON, FL 33486 US

Title: MGR ( ) Delete
Name: PIPER LLC,
Address: 6326 GREENHILL ROAD
City-St-Zip: NEW HOPE, PA 18938 US

Title: MGR ( ) Delete
Name: QUINI, JOHN
Address: 5630 NE 7TH AVENUE
City-St-Zip: BOCA RATON, FL 33487 US

ADDITIONS/CHANGES:

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

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

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

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: ALBERT GIACHETTI MGR 01/07/2008

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