

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000003430

Entity Name: SWIRE CARBONELL LLC

FILED  
Apr 27, 2012  
Secretary of State

**Current Principal Place of Business:**

501 BRICKELL KEY DRIVE, SUITE 600  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

501 BRICKELL KEY DRIVE, SUITE 600  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 06-1704024

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TOLAND, GREGG E  
501 BRICKELL KEY DRIVE, SUITE 600  
MIAMI, FL 33131 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: CEO  
Name: CUBBON, MARTIN  
Address: 501 BRICKELL KEY DRIVE, SUITE 600  
City-St-Zip: MIAMI, FL 33131

Title: P/AS  
Name: OWENS, STEPHEN  
Address: 501 BRICKELL KEY DRIVE, SUITE 600  
City-St-Zip: MIAMI, FL 33131

Title: VP  
Name: KELLY, MEGAN  
Address: 501 BRICKELL KEY DRIVE, SUITE 600  
City-St-Zip: MIAMI, FL 33131

Title: VP  
Name: GANDOLFO, CHRISTOPHER  
Address: 501 BRICKELL KEY DRIVE, SUITE 600  
City-St-Zip: MIAMI, FL 33131

Title: VPST  
Name: TOLAND, GREGG  
Address: 501 BRICKELL KEY DRIVE, SUITE 600  
City-St-Zip: MIAMI, FL 33131

Title: AS  
Name: MCMAIN, BEVERLEY  
Address: 501 BRICKELL KEY DRIVE, SUITE 600  
City-St-Zip: MIAMI, FL 33131

I hereby 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: BEVERLEY MCMAIN

AS

04/27/2012

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