

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000003420

**FILED**  
**Feb 20, 2014**  
**Secretary of State**  
**CC3248103730**

**Entity Name:** SWIRE ART TRUST LLC

**Current Principal Place of Business:**

501 BRICKELL KEY DRIVE, SUITE 600  
MIAMI, FL 33131

**Current Mailing Address:**

501 BRICKELL KEY DRIVE, SUITE 600  
MIAMI, FL 33131

**FEI Number:** 65-0938725

**Certificate of Status Desired:** No

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

TOLAND, GREGG E  
501 BRICKELL KEY DRIVE, SUITE 600  
MIAMI, FL 33131 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            CEO  
Name            CUBBON, MARTIN  
Address        501 BRICKELL KEY DRIVE, SUITE 600  
  
City-State-Zip: MIAMI FL 33131

Title            PRES  
Name            OWENS, STEPHEN LAS  
Address        501 BRICKELL KEY DRIVE, SUITE 600  
  
City-State-Zip: MIAMI FL 33131

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

Title            VP  
Name            TOLAND, GREGG S/T  
Address        501 BRICKELL KEY DRIVE, SUITE 600  
  
City-State-Zip: MIAMI FL 33131

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

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEPHEN L. OWENS

02/20/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date