## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 20, 2004 08:00 AM Secretary of State

| DOCUMENT # L | 0.00000000000000000000000000000000000 |
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| DOCUMENT # F | .ひひひひひひひひひひ                           |

1. Entity Name

SWR BOCA TECH HOLDINGS, L.L.C.



Principal Place of Business

7120 LIONS HEAD LANE BOCA RATON, FL 33496 Mailing Address

7120 LIONS HEAD LANE BOCA RATON, FL 33496



DO NOT WRITE IN THIS SPACE

01142004 No Chg-LLC C

CR2E083 (10/03)

Davime Phone #

4. FEI Number 65-1005650

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

M & W AGENTS, INC. 2101 CORPORATE BLVD. SUITE 107 BOCA RATON, FL 33431

## DO NOT WRITE IN THIS SPACE

| 8. The above the obligat                       | named entity submits this statement for the purpose of char<br>tions of registered agent.                                       | nging its registere | d office or registered agent, or both, i   | n the State of Florida. I am familiar w | ith, and accept |
|--|---|---------------------|--|---|-----------------|
| SIGNATURE.                                     |   |                     |  |   |                 |
|  | Signature typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when re |                     | Agent signature required when reinstating) | DATE                                    |                 |
| F  | iling Fee is \$50.00<br>ue by May 1, 2004   |                     | _  |   |                 |
| 9.   | MANAGING MEMBERS/MANAGERS   |                     |  |   |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>RUBIN, SHELDON W<br>7120 LIONS HEAD LANE<br>BOCA RATON, FL 33496   | =                   | i)   | U00000007527<br>1/20/04-80026-021 S     | 0.00            |
| INLE<br>NAME<br>SIRELI ADDRESS<br>CHY-SI-ZIP   |   |                     |  |   |                 |
| THLE NAME SIREET ADDRESS CHY+SI-ZIP            |   |                     | DO N                                       | OT WRITE                                |                 |
| HELE<br>NAME<br>STREET AODRESS<br>CHY-ST-ZIP   |   |                     | IN TI                                      | HIS SPACE                               |                 |
| TITLE<br>NAME<br>SIREET ADDRESS<br>CHY-SI-ZIP  |   |                     |  |   |                 |
| NTLE<br>MAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |                     |  |   |                 |

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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.

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE