

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000004983

Entity Name: SWORDFISH HOLDINGS, L.L.C.

FILED
Oct 16, 2006
Secretary of State

Current Principal Place of Business:

C/O MR. AND MRS. LESLIE W. LEECH
P.O. BOX 783 619 ISLAND DRVIE
KEY LARGO, FL 33037

New Principal Place of Business:

C/O LESLIE W. LEECH, JR.
11736 S.W. 112 LANE
MIAMI, FL 33186

Current Mailing Address:

C/O MR. AND MRS. LESLIE W. LEECH
P.O. BOX 783 619 ISLAND DRVIE
KEY LARGO, FL 33037

New Mailing Address:

C/O LESLIE W. LEECH, JR.
11736 S.W. 112 LANE
MIAMI, FL 33186

FEI Number: 65-1012186 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEECH, L.W.
Address: P.O. BOX 783 619 ISLAND DR.
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEECH, LESLIE W. JR.
Address: 11736 S.W. 112 LANE
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the 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: LESLIE W. LEECH, JR.

MM

10/16/2006

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