


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000008507 1. Entity Name SWANSON FAMILY LLC	
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Principal Place of Business 57 WESTCHESTER AVENUE THORNWOOD, NY 10594	Mailing Address 57 WESTCHESTER AVENUE THORNWOOD, NY 10594
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DO NOT WRITE IN THIS SPACE



01032006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-4154311	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SWANSON, DEVIN 2527 KINGSMILL AVENUE MELBOURNE, FL 32934
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SWANSON, SUZANNE R 57 WESTCHESTER AVE THORNWOOD, NY 10594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SWANSON, DONALD C 57 WESTCHESTER AVE THORNWOOD, NY 10594
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01/20/06-80027-011 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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 606, Florida Statutes.

SIGNATURE: Suzanne Swanson / mgrm 1-17-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #