

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003323

Entity Name: PSW, L.L.C.

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

1680 THE GREENS WAY, SUITE 100
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

60 OCEAN BOULEVARD
SUITE ONE
ATLANTIC BEACH, FL 32233

Current Mailing Address:

1680 THE GREENS WAY, SUITE 100
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

60 OCEAN BOULEVARD
SUITE ONE
ATLANTIC BEACH, FL 32233

FEI Number: 59-3712990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PYLE, JAMES G
1680 THE GREENS WAY, SUITE 100
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

SONES, MICHAEL A
60 OCEAN BOULEVARD
SUITE ONE
ATLANTIC BEACH, FL 32233 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: MICHAEL A. SONES

04/28/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: PYLE, JAMES G
Address: 1680 THE GREENS WAY, SUITE 100
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGR (X) Delete
Name: SONES, MICHAEL A
Address: 60 OCEAN BLVD., SUITE ONE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: MGR (X) Delete
Name: WALCHLE, BART A
Address: 1502 ROBERTS DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGR (X) Delete
Name: LEAR, STEVE
Address: 1502 ROBERTS DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SONES, MICHAEL A
Address: 60 OCEAN BOULEVARD, SUITE ONE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL A. SONES

MGRM

04/28/2004

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