

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0000610

DOCUMENT # L01000003323

1. Entity Name  
PSW, L.L.C.



FILED

03 APR 29 PM 5:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

100 EXECUTIVE WAY, SUITE 206  
PONTE VEDRA BEACH FL 32082

Mailing Address

100 EXECUTIVE WAY, SUITE 206  
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

1680 The Greens Way  
Suite, Apt. #, etc.  
Suite 100

3. Mailing Address

1680 The Greens Way  
Suite, Apt. #, etc.  
Suite 100

City & State

Jacksonville Beach FL

City & State

Jacksonville Beach FL

Zip

32250

Country

USA

Zip

32250

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3712990

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PYLE, JAMES G  
100 EXECUTIVE WAY, SUITE 206  
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1680 The Greens Way, Suite 100

City

Jacksonville Beach FL

Zip Code

32250

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	PYLE, JAMES G	
STREET ADDRESS	100 EXECUTIVE WAY, SUITE 206	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James G. Pyle	
STREET ADDRESS	1680 The Greens Way, Suite 100	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael A. Sones	
STREET ADDRESS	60 Ocean Blvd., Suite One	
CITY-ST-ZIP	Atlantic Beach, FL 32233	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BART A. Wackie	
STREET ADDRESS	1502 Roberts Drive	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Lear	
STREET ADDRESS	1502 Roberts Drive	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify 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 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

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

Date

Daytime Phone #

CR2E083 (10/02)