


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90053 019 ****50.00

DOCUMENT # L01000011968	
1. Entity Name SWINGING BIRCH, L.L.C.	

Principal Place of Business 1219 EAST AVENUE SOUTH, STE. C130 SARASOTA FL 34239	Mailing Address 1219 EAST AVENUE SOUTH, STE. C130 SARASOTA FL 34239
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2. Principal Place of Business - No P.O. Box # 1219 EAST AVENUE S. Suite, Apt. #, etc. SUITE 103 City & State SARASOTA FL Zip 34239 Country USA	3. Mailing Address 1219 EAST AVENUE S. Suite, Apt. #, etc. SUITE 103 City & State SARASOTA FL Zip 34239 Country USA
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1st MOORE CR2E083 (10/06)

4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLIN, JOSEPH C JR 1219 EAST AVENUE SOUTH, STE. C130 SARASOTA FL 34239	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

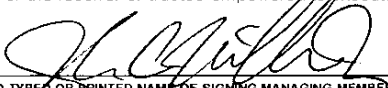
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR MILLIN, JOSEPH C JR 1219 EAST AVENUE SOUTH, STE C130 SARASOTA FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 608, Florida Statutes.

SIGNATURE:  JOSEPH MILLIN 1/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #