

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003996

Entity Name: SWGD, UD#13, L.L.C.

**FILED**  
**Apr 25, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

1597 SOUTH PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

100 SW ALBANY AVE.  
SUITE 110  
STUART, FL 34994

**Current Mailing Address:**

1597 SOUTH PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

100 SW ALBANY AVE.  
SUITE 110  
STUART, FL 34994

FEI Number: 01-0640262

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHAFFER, MARTIN  
1597 SOUTH PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952 US

**Name and Address of New Registered Agent:**

SCHAFFER, MARTIN  
100 SW ALBANY AVE.  
SUITE 110  
STUART, FL 34994 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:

04/25/2005

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SCHAFFER, MARTIN  
Address: 1597 SOUTH PORT ST. LUCIE BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34952

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SCHAFFER, MARTIN  
Address: 100 SW ALBANY AVE., SUITE 110  
City-St-Zip: STUART, FL 34994

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: MARTIN SCHAFFER

MGRM

04/25/2005

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