## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L0200004034  1. Entity Name				FILE	ED .		
BSW*LLC*				03 NOV -3	AM 8: 00		
Principal Place of Business  248 OLD STAGE ROAD / 52 OLD STAGE ROA				SECRETARY C TALLAHASSEE		ARINI OLDIZ ODIAN ILI	ili <b>a</b> lah (aa)
2. Principal Place of Business  153 01d Stage Rd.  Suite, Apt. #, etc.  3. Mailing Address  153 01d  Suite, Apt. #, etc.			Stage Ud.	— 5/a/aco3	90588 03 ECK HERE IF MAKIN	Ø #50 IG CHANGES	
City & State		V/- Country	1. FEI Number 03-040 290 9		Not	plied For Applicable	
054	. · · · · · · · · · · · · · · · · · · ·	15452	Country	5. Certificate of Statu	s Desired	\$5.00 Addi Fee Required	
	6. Name and Address of Current I	<u> </u>		7. Name and Addres	s of New Registered	I Agent	
SAWYER, WILLIAM				ومسواه رااد والماسا	+ <i>a</i> ‡		
780 ESTERO BLVD. FT. MYERS BEACH FL 33931			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
			City		F	L Zip Code	
<ol> <li>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.</li> </ol>							
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
	Signatura, typed or primad hains or registared again a				DATE		
FILE NOW LINEER IS \$50.00 Make Check Payable to Florida Department of State Due By May 1 2003							
9.	MANAGING MEMBE	RS/MANAGERS	10.	A	DDITIONS/CHANGE	S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managina Mombe Paul Bean, 152 Old Stage Rd Esser Tch Vt O		STREET ADDRESS /	Manuging Manufaul Bears 52 Old Stage	Momber Kol.	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member James D. Weston 175 Towers Pd. Esser Tch Vt C	Delete	NAME STREET ADDRESS	Managing Me a mes P. Wosto 15 Towers Rd. Essey Jct VH	mber Ext.	☐ Change	A Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			Change	Addition

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

802-879-83/Z

## SUSAN L. LACHANCE, CPA, P.C.

CERTIFIED PUBLIC ACCOUNTANTS
45 LOGWOOD CIRCLE
ESSEX JUNCTION, VERMONT 05452
(802) 878-7677
(802) 878-3547 FAX

October 24, 2003

Florida Dept. of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Re: BSW "LLC" L02000004034

Dear Sirs:

As per our phone conversation yesterday, October 23, 2003, my client, BSW, LLC is re-submitting their 2003 Limited Liability Co. Uniform Business Report., indicating that the two members are both managing members. This Report was originally filed on April 24, 2003, with the \$50.00 fee, copy of check attached, it was returned to my clients on June 3, 2003 for corrections. It was sent back to your Dept. in June listing the two members names and addresses, copies attached. It was then returned to my clients again, because they failed to indicate that the two members were managing members. As you stated in our phone conversation there would be no additional fees due with this resubmittal.

I trust that the form attached is filled out completely and correctly, and that my clients' LLC status has been reinstated.

Please be in touch with me, if there should be any further questions.

Thank you.

Very truly yours,

Susan L. Lachance, CPA...

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