

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022985

FILED
Apr 12, 2008
Secretary of State

Entity Name: SAWADEE MANAGEMENT, LLC

Current Principal Place of Business:

4151 JAKL AVENUE
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

PO BOX 681
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 51-0425500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEMING, ROBERT
4151 JAKL AVENUE
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

MARIEN, JANET T
4151 JAKL AVENUE
SARASOTA, FL 34232 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: JANET T MARIEN

04/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FLEMING, ROBERT
Address: PO BOX 681
City-St-Zip: SARASOTA, FL 34230

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FLEMING, SHAWN P MGRM
Address: 830 GANTT AVENUE
City-St-Zip: SARASOTA, FL 34232

Title: MGRM () Change (X) Addition
Name: FLEMING, SOMPHAT MGRM
Address: 4151 JAKL AVENUE
City-St-Zip: SARASOTA, FL 34232

Title: MGRM () Change (X) Addition
Name: MARIEN, JANET T MGRM
Address: 4151 JAKL AVENUE
City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JANET T MARIEN

MGRM

04/12/2008

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