## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT** Jan 14, 2008 08:00 A Secretary of State **DOCUMENT # L02000023989** SWEGER DEVELOPMENT COMPANY, LLC Principal Place of Business Mailing Address 3179 THOROUGHBRED DRIVE 3179 THOROUGHBRED DRIVE BROOKSVILLE, FL 34602 BROOKSVILLE, FL 34602 01092008No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number 71-0907197 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SWEGER, ROBERT L DO NOT WRITE 3179 THOROUGHBRED DRIVE BROOKSVILLE, FL 34602 IN THIS SPACE 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 NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
NAME STREET ADDRESS CITY-ST-ZIP	MGR SWEGER, ROBERT L 3179 THOROUGHBRED DR. BROOKSVILLE, FL 34602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<ol> <li>11. I hereby certify that the information supplied with this filing does not qualify for the ex</li> </ol>	

U00000782573 01/15/08-80081-017 138.75

**FILED** 

CR2E083 (12/07)

Applied For

\$5.00 Additional

Fee Required

Not Applicable

DO NOT-WRITE IN THIS SPACE

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 proceed empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG ANAGING MEMBER, OR AUTHORIZED REPREBENTATIVE

Daytime Phone #