2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jan 29, 2007 08:00 AM Secretary of State DOCUMENT # L02000026493 1. Entity Namo SW VALUE GUIDE, LLC Mailing Address Principal Place of Business 8203 BRUMBY CT 8203 BRUMBY CT. TRINITY FL 34655 TRINITY FL 34655 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt # atc Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) Applied For 4. FEI Number City & State City & State 52-2387527 Not Applicable \$5.00 Additional Country Zip Country Zio 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALSH, STEVEN M Street Address (P.O. Box Number is Not Acceptable) 8203 BRUMBY CT. TRINITY FL 34655 Zip Code 8. The above named ontity 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 DATE Signature, typed or printed name of registered agent and title a applicable. (NOTE, Registered Agent signature required when reinstaking) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. Change Addition HILE 11111 MGR ☐ Delete NAME NAME U00000608857 WALSH, STEVEN M STREET ADDRESS 02/01/07-80027-003 50.00 STREET ADORESS 8203 BRUMBY CT. CITY ST-71P CITY-ST ZIP TRINITY FL 34655 ☐ Addition Change IIILE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST-ZIP ☐ Change ☐ Addition mu ☐ Defete TITLE NAME STREET ADDRESS STRUCT ALCOHOUSE CITY-ST-ZIP CITY ST-78P Change Addition IIIIF ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP ☐ Addition Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CUTY-ST-71P ☐ Change ☐ Addition mu ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 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 eath; 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.

FILED