

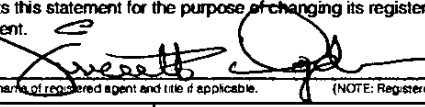
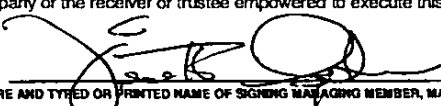


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 17, 2005 8:00 am**  
**Secretary of State**

06-17-2005 90160 022 \*\*\*\*50.00

<b>DOCUMENT # L02000028014</b> 1. Entity Name <b>SWING PERFECT, LLC</b>					
Principal Place of Business <del>5101 12TH AVENUE #502</del> <del>JACKSONVILLE BEACH, FL 32250</del>			Mailing Address <del>5101 12TH AVENUE #502</del> <del>JACKSONVILLE BEACH, FL 32250</del>		
2. Principal Place of Business 920 8th Ave., South, Suite, Apt. #, etc. Suite B.		3. Mailing Address P. O. Box 3636 Suite, Apt. #, etc.			
City & State Jacksonville Beach, FL		City & State Ponte Vedra Beach, FL		4. FEI Number 51-0432496	
Zip 32250		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <del>GREEN KERN</del> <del>5101 12TH AVENUE #502</del> <del>JACKSONVILLE BEACH, FL 32250</del>			7. Name and Address of New Registered Agent Name Everett L. Ogden Street Address (P.O. Box Number is Not Acceptable) 920 8th Ave., So., #B City Jacksonville Beach FL Zip Code 32250		
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				6/9/05 <small>DATE</small>	
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OGDEN, EVERETT <del>108 MANAYIA DRIVE</del> PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. O. Box 3636 Ponte Vedra Beach, FL 32004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <del>GREEN KERN</del> <del>5101 12TH AVENUE #502</del> <del>JACKSONVILLE BEACH, FL 32250</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			6/9/05 904-294-5240 <small>Date Daytime Phone #</small>		