

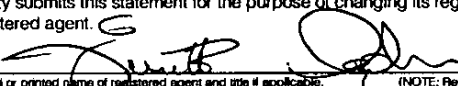
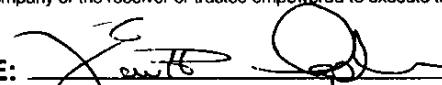


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90286 039 ****50.00

DOCUMENT # L02000028014 1. Entity Name SWING PERFECT, LLC					
Principal Place of Business 920 8TH AVE. SOUTH SUITE 8 JACKSONVILLE BEACH, FL 32250				Mailing Address PO BOX 3636 PONTE VEDRA BEACH, FL 32004	
2. Principal Place of Business 100 Executive Way Suite, Apt. #, etc. 214		3. Mailing Address 100 Executive Way Suite, Apt. #, etc. 214			
City & State Ponte Vedra Beach, FL		City & State Ponte Vedra Beach, FL		4. FEI Number 51-0432496	
Zip 32082		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OGDEN, EVERETT L. 920 8TH AVE. SOUTH #8 JACKSONVILLE BEACH, FL 32250				7. Name and Address of New Registered Agent Name Everett L. Ogden Street Address (P.O. Box Number is Not Acceptable) 100 Executive Way, Suite 214 City Ponte Vedra Beach FL Zip Code 32082	
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  3/20/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OGDEN, EVERETT PO BOX 3636 PONTE VEDRA BEACH, FL 32004 <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
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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 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				3/20/06 904-285-8266 <small>Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #</small>	