## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Apr 14, 2004 8:00 am Secretary of State **DOCUMENT # L03000007729** 03-04-2004 90070 011 \*\*\*\*50.00 1. Entity Name **SWULLC** Principal Place of Business Mailing Address 596 W TARPON BLVD PORT CHARLOTTE FL 33952 596 W TARPON BLVD PORT CHARLOTTE FL 33952 34003304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. MOORE CR2E083 (11/03) 4. FEI Number 232-2462 Applied For City & State City & State Not Applicable Zin Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DENNISON, SUSAN M Street Address (P.O. Box Number is Not Acceptable) 596 W. TARPON BLVED PORT CHARLOTTE FL 33952 Zip Code City 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. Sole PROPRIETUR ☐ Change TITLE TITLE Addition ☐ Delete SUSAN DENNISON NAME NAME 596 W. TARPONBIUE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 395Z TITLE ☐ Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-\$T-719 ☐ Change TITLE Delete TITLE ☐ Addition NAME . STREET ADDRESS STREET ADDRESS CITY: ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Chance ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**FILED**