2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 08:00 AN
Secretary of State

- ANNUAL REPORT				Secretary of State		
DOCU 1. Entity Nam SWU LLC	MENT # L030000077	729		Secretary	oi Stan	
596 W TARP		- Mailing Address 596 W TARPON BLVD PORT CHARLOTTE, FL 33952		t Maillait als ablas (till asils asils sails asils asils asils asils asils asils asils	dis Thiss) ili teet	
						
				02252005No Chg-LLC	√03)	
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 56-2322462	Applied For Not Applicable	
					Additional	
	6. Name and Address of Current R	egistered Agent			 _	
DENNISON, SUSAN M 596 W. TARPON BLVED PORT CHARLOTTE, FL 33952				DO NOT WRITE 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						
Fi	iling Fee is \$50.00 ue by May 1, 2005					
9.	MANAGING MEMBER	S/MANAGERS	<u> </u>			
TITLE NAME STREET ADDRESS	SP DENNISON, SUSAN 596 W TARPON BLVD.			77 (1994)		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33852		-}	U00000359254 05/04/05-80146-020		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U5/U4/U5-8U146-U2U	50.00	
TITLE NAME STREET ADDRESS				DO NOT WOITE		
CITY-ST-ZIP			1	DO NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP	-	.		IN THIS SPACE		
TITLE NAME STREET ADDRESS					· · ·	
CITY-ST-ZIP TITLE NAME STREET ADDRESS						

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.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

elan

4-29-05

Daytime Phone #