

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90037 011 ****55.00

DOCUMENT #
1. Entity Name LO3000012364

SWJ OAK HILL LLC

DO NOT WRITE IN THIS SPACE

40062640

2. Principal Place of Business 12432 COLLINS RD Suite, Apt. #, etc	3. Mailing Address 12432 COLLINS RD Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State BISHOPVILLE, MD	City & State BISHOPVILLE, MD	4. FEI Number 90-0068596	Applied For Not Applicable
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Zip 21813	Country USA	Zip 21813	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name PAUL SIMENDINGER		
	Street Address (P.O. Box Number is Not Acceptable) 444 WOODBURY PINES CIRCLE		
	City ORLANDO	FL	Zip Code 32828

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER JWS3 ENTERPRISES 12432 COLLINS RD BISHOPVILLE MD 21813	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E0895 (12/02)

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: _____ **4/11/05** **302-436-7570**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **Date** **Daytime Phone #**