

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.

DO NOT WRITE IN THIS SPACE

City & State
BISHOPVILLE, MD

City & State
BISHOPVILLE, MD

4. FEI Number
90-0068596

Applied For
Not Applicable

Zip
21813

Country
USA

Zip
21813

Country
USA

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

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

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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.

DATE

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
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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:

4/14/05

302-436-7570

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

Date

Daytime Phone #

CR2E0805 (12/02)