

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90029 041 \*\*\*\*55.00

DOCUMENT # L03000017627

1. Entity Name  
SWBT LEASING, LLC



Principal Place of Business  
101 PHILIPPE PARKWAY  
SUITE 300  
SAFETY HARBOR, FL 34695

Mailing Address  
101 PHILIPPE PARKWAY  
SUITE 300  
SAFETY HARBOR, FL 34695

24046410



2. Principal Place of Business  
311 N Bayshore Drive  
Suite, Apt. #, etc.

3. Mailing Address  
311 N Bayshore Dr.  
Suite, Apt. #, etc.

01062004 Chg-LLC CR2E083 (10/03)

City & State  
Safety Harbor, FL  
Zip  
34695  
Country  
US

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Safety Harbor, FL  
Zip  
34695  
Country  
US

4. FEI Number  
42-1590938  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

BAY4 CAPITAL, LLC  
101 PHILIPPE PARKWAY  
SUITE 300  
SAFETY HARBOR, FL 34695

## 7. Name and Address of New Registered Agent

Name  
Florida Corporate Counsel, LLC  
Street Address (P.O. Box number is Not Acceptable)  
101 Philippe Pkwy, Suite 301  
City  
Safety Harbor FL Zip Code  
34695

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)

President / 1/9/04

DATE

Filing Fee is \$50.00 + \$5 = \$55.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

## 10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Mgr & President	Biddinger, clay m	311 N Bayshore Drive	Safety Harbor, FL 34695	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Secretary	Sullivan, Christopher R	101 Philippe Pkwy, Suite 301	Safety Harbor, FL 34695	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Treasurer	Gonzalez, Ramon III	311 N Bayshore Drive	Safety Harbor, FL 34695	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

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: Mgr/Pres  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/9/04 (727) 216-4000  
Date Daytime Phone #