


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90152 018 ***138.75

DOCUMENT # L03000021302 1. Entity Name SWORD REAL ESTATE VENTURES, LLC					
Principal Place of Business 16016 BRIER GREEN DR. DELRAY BEACH, FL 33446			Mailing Address 16016 BRIER GREEN DR. DELRAY BEACH, FL 33446		
2. Principal Place of Business - No P.O. Box # 8400 DEL PRADO DR.		3. Mailing Address 8400 Del Prado Dr.			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State Delray Beach, FL		City & State Delray Beach, FL		4. FEI Number 83-0361212	
Zip 33446		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWARTZ, ROY R 16016 BRIER GREEN DR. < 8400 DEL PRADO DR DELRAY BEACH, FL 33446		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____			
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 <u><i>Roy R. Schwartz</i></u> <u>3/31/08</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE MGR	NAME SCHWARTZ, ROY		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 16016 BRIER GREEN DR. < 8400 Del Prado Dr.	CITY-ST-ZIP DELRAY BEACH, FL 33446		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
CITY-ST-ZIP DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Roy R. Schwartz</i></u> <u>3/31/08</u> 498-7240 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date Daytime Phone #</small>					

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