

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90253 011 ****55.00

DOCUMENT # L03000030524					
1. Entity Name SWOT SOLUTIONS, LLC					
Principal Place of Business 5269 WELLINGTON PARK CIRCLE SUITE B-24 ORLANDO, FL 32839 US			Mailing Address 5269 WELLINGTON PARK CIRCLE SUITE B-24 ORLANDO, FL 32839 US		
2. Principal Place of Business 3208-C East Colonial Drive Suite, Apt. #, etc. # 324		3. Mailing Address 4332 Ashland City Hwy Suite, Apt. #, etc.			
City & State Orlando FL		City & State Nashville TN		4. FEI Number 06-1704388	
Zip 32803		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32803		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BURDOUCCI-CIEMBRELLI 5269 WELLINGTON PARK CIRCLE SUITE B-24 ORLANDO, FL 32839			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 <i>Ciambrelli Sordani</i> DATE 7/1/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BURDOUCCI, ROMELLO <input type="checkbox"/> Delete 5269 WELLINGTON PARK CIRCLE SUITE B-24 ORLANDO, FL 32839	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BYRD, WILLIE M <input type="checkbox"/> Delete 4332 ASHLAND CITY HIGHWAY NASHVILLE, TN 37218	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURDOUCCI, CIEMBRELLI <input type="checkbox"/> Delete 5269 WELLINGTON PARK CIRCLE SUITE B-24 ORLANDO, FL 32839	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: <i>Hillie Mae Byrd</i>		DATE: 7/1/04		DAYTIME PHONE #: 615-782-0133	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					