


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90015 008 ****55.00

DOCUMENT # L03000030524					
1. Entity Name SWOT SOLUTIONS, LLC					
Principal Place of Business 3208-C EAST COLONIAL DRIVE #324 ORLANDO, FL 32803 US			Mailing Address 3208-C EAST COLONIAL DRIVE #324 ORLANDO, FL 32803 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		4332 Ashland City Hwy			
City & State		Nashville TN			
Zip		Country		Zip	
				37218 Davidson	
4. FEI Number				Applied For	
06-1704388				<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				\$5.00 Additional Fee Required	
<input checked="" type="checkbox"/>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BURDOUCCI, CIEMBRELLI			Name		
5269 WELLINGTON PARK CIRCLE			Street Address (P.O. Box Number is Not Acceptable)		
SUITE B-24			City		
ORLANDO, FL 32839			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>Ciembrelli Burdoucci</i>				DATE 1/7/05	
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURDOUCCI, ROMELLO		NAME		
STREET ADDRESS	5269 WELLINGTON PARK CIRCLE SUITE B-24		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32839		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BYRD, WILLIE M		NAME		
STREET ADDRESS	4332 ASHLAND CITY HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37218		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURDOUCCI, CIEMBRELLI		NAME		
STREET ADDRESS	5269 WELLINGTON PARK CIRCLE SUITE B-24		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32839		CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Willie Mae Byrd</i>				DATE 1/8/05 615-782-0122	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	