
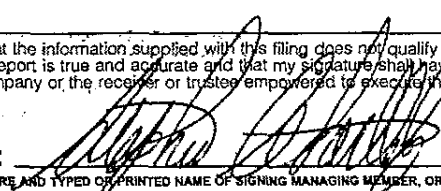


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000031874			
1. Entity Name THE SWITLYK FAMILY, LLC			
Principal Place of Business 1605 MAIN STREET SUITE 912 SARASOTA, FL 34232	Mailing Address 1241 GULF OF MEXICO DRIVE UNIT # 906 LONGBOAT KEY, FL 34228		
		01142006No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 20-0207962	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent			
SCOVILL, HAROLD W 1605 MAIN STREET SUITE 912 SARASOTA, FL 34236			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SWITLYK, STEPHEN A 1241 GULF OF MEXICO DRIVE 3906 LONGBOAT KEY, FL 34228	1000000402157 02/02/06-80074-014 50.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: 		1/19/2006 941-544-2778	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	