

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


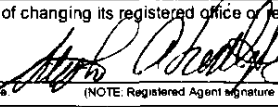
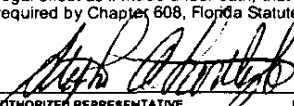
**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90096 042 \*\*\*138.75

**60004962**

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01202008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L03000031874</b> 1. Entity Name <b>THE SWITLYK FAMILY, LLC</b>					
Principal Place of Business <b>1605 MAIN STREET SUITE 912 SARASOTA, FL 34232</b>			Mailing Address <b>1241 GULF OF MEXICO DRIVE UNIT # 906 LONGBOAT KEY, FL 34228</b>		
2. Principal Place of Business - No P.O. Box # <b>1241 Gulf of Mexico Dr</b>			3. Mailing Address <b>Suite, Apt. #, etc. 906</b>		
City & State <b>Longboat Key</b>			City & State <b>Longboat Key</b>		
Zip <b>34228</b>		Country <b>US</b>		4. FEI Number <b>20-0207962</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SCOVILL, HAROLD W 1605 MAIN STREET SUITE 912 SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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>STEPHEN A. SWITLYK</u>  <u>1/23/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SWITLYK, STEPHEN A 1241 GULF OF MEXICO DRIVE 3906 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	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 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.					
<b>SIGNATURE: STEPHEN A. SWITLYK</b>  <u>1/23/08</u> <u>941-953-9955</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					