

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032207

Entity Name: SWAN LAKE SPA, LLC

FILED
Jan 23, 2009
Secretary of State

Current Principal Place of Business:

1009 CROSSPOINTE DRIVE, SUITE 1
NAPLES, FL 34110 US

New Principal Place of Business:

11181 HEALTH PARK BLVD, #1115
NAPLES, FL 34110 US

Current Mailing Address:

1009 CROSSPOINTE DRIVE, SUITE 1
NAPLES, FL 34110 US

New Mailing Address:

11181 HEALTH PARK BLVD., #1115
NAPLES, FL 34110 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICI, JAMES R ESQ.
1185 IMMOKALEE ROAD
SUITE 110
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LUCIANO BOEMI AS TTE, E OF THE CB GF T TRUST
Address: 1009 CROSSPOINTE DR. #1
City-St-Zip: NAPLES, FL 34110 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LUCIANO BOEMI AS TTE, E OF THE CB GF T TRUST
Address: 11181 HEALTH PARK BLVD. #1115
City-St-Zip: NAPLES, FL 34110 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LUCIANO BOEMI

MGR

01/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date