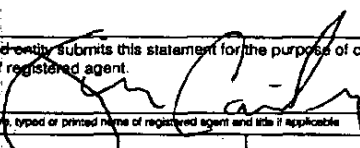
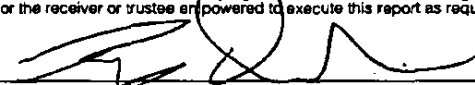


FILED
Jun 14, 2004 8:00 am
Secretary of State

05-03-2004 90144 031 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000036440			
1. Entity Name SWANTREE LLC			
Principal Place of Business 1785 JD MILLER RD. SANTA ROSA BEACH, FL 32459 US		Mailing Address 1785 JD MILLER RD. SANTA ROSA BEACH, FL 32459 US	
2. Principal Place of Business 161 Goldsby Rd. Suite, Apt. #, etc. Unit G-1		3. Mailing Address 161 Goldsby Rd. Suite, Apt. #, etc. #3	
City & State Santa Rosa Beach, FL		City & State Santa Rosa Beach, FL	
Zip 32459	Country	Zip 32459	Country
4. FEI Number 87-0710701		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CARTER, PAULA 1785 JD MILLER RD. SANTA ROSA BEACH, FL 32459		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 161 Goldsby Rd #3 City Santa Rosa Beach FL 32459	
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  Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARTER, JIM 1785 JD MILLER RD. SANTA ROSA BEACH, FL 32459 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEIRS, BENJAMIN 1785 JD MILLER RD. SANTA ROSA BEACH, FL 32459 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARTER, PAULA 1785 JD MILLER RD. SANTA ROSA BEACH, FL 32459 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Ryan Devore 161 Goldsby Rd #3 SANTA ROSA BEACH, FL 32459 ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 6-22-04 Daytime Phone # 950-622-0029	