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

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

34008624

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000036440

1. Entity Name
SWANTREE LLC

Principal Place of Business	Mailing Address
1785 JD MILLER RD. SANTA ROSA BEACH, FL 32459 US	1785 JD MILLER RD. SANTA ROSA BEACH, FL 32459 US

2. Principal Place of Business	3. Mailing Address
161 Goldsby Rd.	161 Goldsby Rd.
Suite, Apt. #, etc. unit G-1	Suite, Apt. #, etc. #3
City & State Santa Rosa Beach, FL	City & State Santa Rosa Beach, FL.
Zip 32459 Country	Zip 32459 Country

04272004 Chg-LLC CR2E083 (10/03)

4. FEI Number 87-0710761 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARTER, PAULA 1785 JD MILLER RD. SANTA ROSA BEACH, FL 32459	Name Street Address (P.O. Box Number is Not Acceptable) 161 Goldsby Rd #3 City Santa Rosa Beach FL Zip Code 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	☐ Change ☒ 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: _____ 4-22-04 850-622-0029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #