2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041759

Entity Name: SWPV III INVESTMENTS LLC

FILED Jan 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8 BROAD CREEK CIRCLE ORMOND BEACH, FL 32174 US **Current Mailing Address: New Mailing Address:** 8 BROAD CREEK CIRCLE ORMOND BEACH, FL 32174 US FEI Number: 20-0335610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRIEBIS, DANIEL S 3890 TURTLE CREEK DRIVE SUITE B PORT ORANGE, FL 32127 US 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: ADDITIONS/CHANGES: Title: MGR () Delete (X) Change () Addition CURTIS, WT CURTIS, W. TIMOTHY Name: Name: 8 BROAD CREEK CIRCLE Address: 8 BROAD CREEK CIRCLE Address: City-St-Zip: ORMOND BEACH, FL 32174 US City-St-Zip: ORMOND BEACH, FL 32174 US Title: Title: MGRM () Change (X) Addition () Delete Name: Name: MILLER, SANFORD Address: Address: 28 BROAD RIVER ROAD City-St-Zip: City-St-Zip: ORMOND BEACH, FL 32174 Title: () Delete Title: MGRM () Change (X) Addition JILL SIMPKINS CROUCH, , LLC Name: Name: 844 RIVERSIDE DRIVE Address: Address: City-St-Zip: City-St-Zip: ORMOND BEACH, FL 32176 Title: () Delete Title: MGRM () Change (X) Addition KENZIK, RAY Name: Name: 1423 OAK FOREST DRIVE Address: Address: City-St-Zip: City-St-Zip: ORMOND BEACH, FL 32174 Title: () Delete Title: MGRM () Change (X) Addition BANKER, MATTHEW Name: Name: 2300 N. HALIFAX AVE Address: Address: City-St-Zip: City-St-Zip: DAYTONA BEACH, FL 32118 Title: () Delete Title: MGRM () Change (X) Addition LEVINE, SID Name: Name: Address: Address: 626 RIVERSIDE DRIVE ORMOND BEACH, FL 32176 City-St-Zip: City-St-Zip:

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: W. TIMOTHY CURTIS MGR 01/27/2009