

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 16, 2010
Secretary of State

Entity Name: SWPV IV INVESTMENTS LLC

Current Principal Place of Business:

8 BROAD CREEK CIRCLE
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

810 FENTRESS COURT
SUITE 130
DAYTONA BEACH, FL 32117 US

Current Mailing Address:

8 BROAD CREEK CIRCLE
ORMOND BEACH, FL 32174 US

New Mailing Address:

810 FENTRESS COURT
SUITE 130
DAYTONA BEACH, FL 32117 US

FEI Number: 20-0335699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEBIS, DANIEL S
3890 TURTLE CREEK DRIVE
SUITE B
PORT ORANGE, FL 32127 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
Name: CURTIS, W. T
Address: 8 BROAD CREEK CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGRM
Name: BROWN, DAVID
Address: 145 N. NOVA ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM
Name: GAINES, RICK
Address: 734 N. HALIFAX DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGRM
Name: CARTLEDGE, THOMAS III
Address: 106 N. OLD KINGS ROAD, #C
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM
Name: HAMMOND, ROBERT
Address: 101 CUNNINGHAM DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM
Name: CHMELARSKI, JAMES
Address: 145 N. NOVA ROAD
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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

03/16/2010

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