

06/07/2004 01:57 3863971362

SWAMINI MC

FILED
Jul 08, 2004 8:00 am
Secretary of State

05-03-2004 90115 014 ***50.00

FROM :

FRX NO. : 4878314487

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000042620			
1. Entity Name SWAMINI BUSINESS MANAGEMENT, L.L.C.			
Principal Place of Business 600 S.R. 436 2022 CASSELBERRY, FL 32707 US		Mailing Address 500 S.R. 436 2022 CASSELBERRY, FL 32707 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
06032004 Chg-LLC CRSE083 (10/03)		4. FEI Number 20-0362654 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent PATEL DAXESH 600 S.R. 436 2022 CASSELBERRY, FL 32707		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, Press or printed name of individual agent and file it separately. (NOTE: For Florida Agent, signature required when re-registering) DATE			
Filing Fee is \$50.00 Due by September 8, 2004		 Notary Public State of Florida	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL DAXESH 600 E. SEMORAN BLVD. STE - 2022 CASSELBERRY, FL 32707 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL ALPANA 600 E. SEMORAN BLVD. STE- 2022 CASSELBERRY, FL 32707 ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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)(f), Florida Statutes. I further certify that the information included 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 806, Florida Statutes.			
SIGNATURE: <i>Alpana Patel</i>		16/11/04	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			