2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

PACOS.

ROBERT

Apr 11, 2007 8:00 am Secretary of State **DOCUMENT # L03000044709** 04-11-2007 90155 040 ****55.00 SWH INVESTORS, LLC 6 Mailing Address Principal Place of Business **38 VIA BURRONE** 5305 ISLEWERTH CC DR **NEWPORT COAST, CA 92657** WINDERMERE, FL 34786 2. Principal Place of Business - No P.O. Box # 5305 | SKEWORTH CC DR. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272007 Cha-LLC CR2E083 (12/06) City & State Applied For WINDERHERE, FLORIDA 4. FEI Number 20-0392461 Not Applicable Country \$5.00 Additional Zip 5. Certificate of Status Desired 34786 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **B&C CORPORATE SERVICES OF CENTRAL FL INC** Street Address (P.O. Box Number is Not Acceptable) 390 N ORANGE AVE, STE 1100 ORLANDO, FL 32801 Zip Code City 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: Recognized Agent signifure required when rendstring) Make check payable to Filing Fee Is \$50.00 Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES 10. MANAGING MEMBERS/MANAGERS 9. Change MGRM MGRM ☐ Addition TITLE TITLE ☐ Delete MORRIS, THOMAS E NAME MORRIS, THOMAS E. NAME 5305 ISLEWORTH CC DR. WINDERMERE, FL. 34786 STREET ADDRESS 5305 ISLEWERTH CC DR STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-ZIP TITLE Chance Chance Addition TITLE ☐ Delete PACOS, ROBERT S NAME 38 VIA BURRONE STREET ADDRESS STREET ADDRESS NEWPORT COAST, CA 92657 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CO MANAGEMENT MEMBER

FILED

407-509-1900

Davime Phone #

3-31-07