


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000007299**

1. Entity Name  
**SWENSON ENTERPRISES, LLC**



Principal Place of Business  
**11760 SCALLOP DR.  
 CAPE CORAL, FL 33991**

Mailing Address  
**11760 SCALLOP DR.  
 CAPE CORAL, FL 33991**

**DO NOT WRITE IN THIS SPACE**



01202006 No Chg-LLC CR2E083 (11/05)

4. FEI Number  
**32-0105600**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SWENSON, MITCHELL  
 11760 SCALLOP DR.  
 CAPE CORAL, FL 33991**

**DO NOT WRITE IN THIS SPACE**

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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

1100000496389  
 04/22/06-80012-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWENSON, MITCHELL 11760 SCALLOP DR. CAPE CORAL, FL 33991
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Mitchell Swenson* Mitchell Swenson 3-6-06 239-633-8624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #