

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025274

Entity Name: SAWE VENTURES, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

3216 NEKOMA LANE
TALLAHASSEE, FL 32304 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7546
TALLAHASSEE, FL 32314 US

New Mailing Address:

2501-A OLD BAINBRIDGE ROAD
TALLAHASSEE, FL 32303 US

FEI Number: 20-0968742 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RICHARDS, JOHNTTA
1535 COLEMAN STREET
TALLAHASSEE, FL 32310 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: MGRM () Delete
Name: WATSON, SIERRA
Address: PO BOX 7546
City-St-Zip: TALLAHASSEE, FL 32314 US

Title: MGRM () Delete
Name: SMITH, HARVEY
Address: PO BOX 7546
City-St-Zip: TALLAHASSEE, FL 32314 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WATSON, SIERRA
Address: 3216 NEKOMA LANE
City-St-Zip: TALLAHASSEE, FL 32304 US

Title: MGRM (X) Change () Addition
Name: SMITH, HARVEY
Address: 3216 NEKOMA LANE
City-St-Zip: TALLAHASSEE, FL 32304 US

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: HARVEY SMITH

MGRM

05/01/2009

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