

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039121

Entity Name: DSW HOLDINGS, LLC

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

233 WATER STREET
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 697
APALACHICOLA, FL 32329

New Mailing Address:

FEI Number: 71-0968744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, BARBARA M
80 MARKET ST.
APALACHICOLA, FL 32320 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: DUMAS, SID
Address: 864 WILMINGTON CT.
City-St-Zip: MACON, GA 31210

Title: MGRM () Delete
Name: STANLEY, TRAVIS
Address: 71 AVE. B
City-St-Zip: APALACHICOLA, FL 32320

Title: MGRM () Delete
Name: WARD, OLAN B SR.
Address: 111 AVE C
City-St-Zip: APALACHICOLA, FL 32320

Title: MGRM () Delete
Name: WARD, WALTER M SR.
Address: 2620 BLUFF ROAD
City-St-Zip: APALACHICOLA, FL 32320

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WALTER M. WARD SR.

MGRM

03/19/2009

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