

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90195 026 ****50.00

DOCUMENT # L04000044969					
1. Entity Name THE BLACK SWAN, LLC					
Principal Place of Business 1194 MARINER BLVD SPRING HILL, FL 34609 US			Mailing Address 1194 MARINER BLVD SPRING HILL, FL 34609 US		
2. Principal Place of Business - No P.O. Box # 495 MARINER BLVD		3. Mailing Address 495 MARINER BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03062007 Chg-LLC CR2E083 (12/06)	
City & State SPRING HILL FL		City & State SPRING HILL FL		4. FEI Number 20-1248866	
Zip 34609		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BATISTA, THERESA 1194 MARINER BLVD SPRING HILL, FL 34609			7. Name and Address of New Registered Agent Name: THERESA BATISTA Street Address (P.O. Box Number is Not Acceptable): 495 MARINER BLVD City: SPRING HILL FL Zip Code: 34609		
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: <u>THERESA BATISTA</u> THERESA BATISTA 3/17/07 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATISTA, THERESA 1194 MARINER BLVD SPRING HILL, FL 34609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATISTA, THERESA 495 MARINER BLVD SPRING HILL FL 34609
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>THERESA BATISTA</u> 3/17/07 352 6066 1300					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					