

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048603

Entity Name: SLW CAPITAL, LLC

FILED  
Mar 24, 2008  
Secretary of State

## Current Principal Place of Business:

215 W. VERNE ST.  
STE. A  
TAMPA, FL 33606 US

## Current Mailing Address:

215 W. VERNE ST.  
STE. A  
TAMPA, FL 33606 US

## New Principal Place of Business:

609 E JACKSON STREET  
SUITE 100  
TAMPA, FL 33602 US

## New Mailing Address:

609 E JACKSON STREET  
SUITE 100  
TAMPA, FL 33602 US

FEI Number: 20-1463341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WESTERMAN, MATTHEW D  
215 W. VERNE ST., STE. A  
TAMPA, FL 33606 US

## Name and Address of New Registered Agent:

WESTERMAN, MATTHEW D  
609 E JACKSON STREET  
SUITE 100  
TAMPA, FL 33602 US

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: MATTHEW D. WESTERMAN

03/24/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LEONE, DENNIS D  
Address: 215 W. VERNE ST., STE. A  
City-St-Zip: TAMPA, FL 33606

Title: MGR ( ) Delete  
Name: WESTERMAN, MATTHEW D  
Address: 215 W. VERNE ST., STE. A  
City-St-Zip: TAMPA, FL 33606

Title: MGR ( ) Delete  
Name: SHANKMAN, DAVID S  
Address: 215 W. VERNE ST., STE. A  
City-St-Zip: TAMPA, FL 33606

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LEONE, DENNIS D  
Address: 609 E JACKSON STREET, STE 100  
City-St-Zip: TAMPA, FL 33602

Title: MGR (X) Change ( ) Addition  
Name: WESTERMAN, MATTHEW D  
Address: 609 E JACKSON STREET, SUITE 100  
City-St-Zip: TAMPA, FL 33602

Title: MGR (X) Change ( ) Addition  
Name: SHANKMAN, DAVID S  
Address: 609 E JACKSON STREET SUITE 100  
City-St-Zip: TAMPA, FL 33602

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: DAVID S SHANKMAN

MGR

03/24/2008

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