

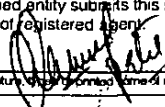
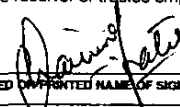


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90046 030 ****55.00

DOCUMENT # L04000064299 1. Entity Name SWAMINI INVESTMENTS, LLC					
Principal Place of Business 1580 N. COURTNEY PKWY MERRIT ISLAND, FL 32953 US			Mailing Address 1580 N. COURTNEY PKWY MERRIT ISLAND, FL 32953 US		
2. Principal Place of Business 1580 N. COURTNEY PKWY Suite, Apt. #, etc.		3. Mailing Address 1580 N. COURTNEY PKWY Suite, Apt. #, etc.			
City & State MERRITT ISLAND		City & State MERRITT ISLAND		4. FEI Number 201560695	
Zip FL		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PATEL, DAXESH 1580 N. COURTNEY PKWY MERRIT ISLAND, FL 32953			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature of Registered Agent (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL, DAXESH 1580 N. COURTNEY PKWY MERRIT ISLAND, FL 32953	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DAXESH PATEL 04/18/05 321.452.7775 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					