

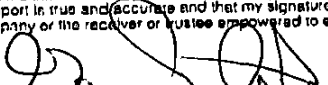
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MARTIN KIDWEI

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90065 024 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000072447 1. Entity Name SWINFORD INDUSTRIAL PROPERTIES, LLC					
Principal Place of Business 2244 4TH. AVENUE N. LAKE WORTH, FL 33461			Mailing Address 2244 4TH. AVENUE N. LAKE WORTH, FL 33461		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 41-2170077	
5. Name and Address of Current Registered Agent SWINFORD, EUGENE 2244 4TH. AVENUE N. LAKE WORTH, FL 33461				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SWINFORD, EUGENE 2244 4TH. AVENUE N. LAKE WORTH, FL 33461	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SWINFORD, DEBBIE 2244 4TH. AVENUE N. LAKE WORTH, FL 33461	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			
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:  717108					

50008244



07072008 Chg-LLC CR2E083 (12/08)

4. FEI Number 41-2170077	Applied For ☐ Not Applicable
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8. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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