


**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90038 028 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**DOCUMENT # L04000076384**

1. Entity Name  
 SWANLARGO, LLC



Principal Place of Business      Mailing Address

10697 Ulmerton Rd      716 BOBWHITE LANE  
 Largo, FL 33778      NAPLES, FL 34108

**DO NOT WRITE IN THIS SPACE**

4007090



04162007No Chg-LLC      CR2E083 (11/05)

4. H&I Number      Applied For  
 33-0228121      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SWANSON, GRACE R  
 716 Bobwhite Ln  
 Naples, FL 34108

**DO NOT WRITE  
 IN THIS SPACE**

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: *Grace R Swanson*      DATE: *4-16-07*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when re-appointing)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SWANSON, GRACE R
STREET ADDRESS	716 BOBWHITE LANE
CITY - ST - ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: *Grace R Swanson*      DATE: *4-16-07*      FILING # *239-513-0479*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE      Date      Filing # Phone #