2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Apr 29, 2005 8:00 am Secretary of State

(813)

985-2899

Daytime Phone #

DOCUMENT # L04000077096 1. Entity Name VAN DYKE SW, LLC								04-29-2005 90065 004 ****50.00						
Principal Place	e of Busines	s		Mailing Address										
212 E. CASS ST. TAMPA, FL 33602				212 E. CASS ST. TAMPA, FL 33602				14011847						
2. Principal Pl	lace of Busin		opd)	3. Mailing Address										
Suite, Apt.		,		Suite, Apt. #, etc.				041	52005	Chg-l	LC	CR2E	083 (10/03)
City & State F1.				City & State				4. FE	I Numbe	J964	っつ			Applied For vot Applicable
33 5 5	8	Country	S	Zip	Coun	try		5 . Ce	ertificate	of Status	Desired		\$5.00 A	
	6. Name	e and Address	of Current R	egistered Agent		Name		7. Na	me and	Address	of New R	egistered	Agent	
HINES, JA		/ AV/ENI IE					ddress (I	P.O. Bo	x Numb	er is Not A	cceptable	<u>) </u>		
TAMPA, FL 33606												•		
		u je Š.				City					.	Fl	Zip Co	de ,
		ty submits this stered agent	statement for	the purpose of changing its	register	ed office or	register	ed ager	nt, or bo	th, in the S	State of Flo	rida. Lam	familiar with	n, and accept
SĮGNATURE .	Signature Ivoed	d or printed name of	registered arrent an	d title if applicable (NOT	F- Registere	d Agent signati	ure required	uchen rein	station)			DATE		
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