


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 30, 2005 8:00 am**  
**Secretary of State**

06-30-2005 90084 011 \*\*\*\*50.00

<b>DOCUMENT # L04000086611</b>	
1. Entity Name <b>SWANN GROUP I ASSETS, LLC</b>	

Principal Place of Business <b>1031 W. MORSE BLVD. SUITE 350 WINTER PARK, FL 32789</b>	Mailing Address <b>1031 W. MORSE BLVD. SUITE 350 WINTER PARK, FL 32789</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



06282005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-1948543</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>DAVIS, BRADLEY J ESQ. 1031 W. MORSE BLVD. SUITE 350 WINTER PARK, FL 32789</b>		7. Name and Address of New Registered Agent Name <b>RICHARD R. SWANN, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1031 W. MORSE BLVD</b> <b>SUITE 350</b> City <b>WINTER PARK</b> FL Zip Code <b>32789</b>

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  (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROCKWELL LAND & DEVELOPMENT CORP. 1031 W. MORSE BLVD., SUITE 350 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: BY:  ROCKWELL LAND & DEVELOPMENT, CORP, MGR**  
**CHRISTEAN M. SWANN, PRES.** 6-28-05 407-643-8927  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #