

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90240 011 ****55.00

DOCUMENT # L05000004741

1. Entity Name
 SWM HOLDINGS, LLC



Principal Place of Business 11680 COLLINS AVENUE SUITE 112-288 SUNNY ISLAND, FL 33160	Mailing Address 11680 COLLINS AVENUE SUITE 112-288 SUNNY ISLAND, FL 33160
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2. Principal Place of Business <i>16850 Collins Avenue</i>	3. Mailing Address <i>16850 Collins Avenue</i>
Suite, Apt. #, etc. <i>Suite 112-288</i>	Suite, Apt. #, etc. <i>Suite 112-288</i>

05022006 Chg-LLC CR2E083 (11/05)

City & State <i>Sunny Isles, FL</i>	City & State <i>Sunny Isles, FL</i>	4. FEI Number <i>13-4292087</i>	Applied For Not Applicable
Zip <i>33160</i>	Country <i>Dade</i>	Zip <i>33160</i>	Country <i>Dade</i>

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWARZ, MICHAEL A
 11680 COLLINS AVENUE
 SUITE 112-288
 SUNNY ISLAND, FL 33160

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ State **FL** Zip Code _____

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 *5-3-2006*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 8, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWARZ, MICHAEL A 6047 FOOTHILL GLEN DRIVE SAN JOSE, CA 95123	<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	MGR MCKINLEY, KELLY 1223 MINNESOTA AVE. SAN JOSE, CA 95125	<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	MGR WINGER, STEPHANIE 6047 FOOTHILL GLEN DRIVE SAN JOSE, CA 95123	<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
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 in 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: _____ DATE *5-3-2006* DAYTIME PHONE # *877-594-9076*

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