


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 10, 2008 8:00 am
Secretary of State**

03-18-2008 90174 028 ***138.75

DOCUMENT # L05000040190		
1. Entity Name SW 91, LLC		
Principal Place of Business 250 BIRD RD 110 CORAL GABLES, FL 33146	Mailing Address 250 BIRD RD 110 CORAL GABLES, FL 33146	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LAMCHICK, BRUCE 9130 S DADELAND BLVD STE 1101 MIAMI, FL 33156		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 <u>Jorge Pinto</u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINTO, JORGE 250 BIRD RD #110 CORAL GABLES, FL 33146	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEVIA, GONZALO 250 BIRD RD #110 CORAL GABLES, FL 33146	
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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: <u>Jorge Pinto</u> 3-7-08 305-332-0881 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		



03062008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2737668	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required