


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90025 008 ***143.75

DOCUMENT # L05000046161	
1. Entity Name SWANN PLACE LLC	

Principal Place of Business 418 N.E. 2ND AVE DELRAY BEACH, FL 33444	Mailing Address 418 N.E. 2ND AVE DELRAY BEACH, FL 33444
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50010343



2. Principal Place of Business - No P.O. Box # 910 SW BLUE STEM WAY	3. Mailing Address 910 SW BLUE STEM WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09082008 Chg-LLC CR2E083 (12/06)

City & State STUART, FL	City & State STUART FL
Zip 34997	Zip 34997
Country USA	Country USA

4. FEI Number 14-1929166	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name GORDON BARTLETT
	Street Address (P.O. Box Number is Not Acceptable) 910 SW BLUE STEM WAY
	City STUART FL Zip Code 34997

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 *Gordon Bartlett* **GORDON BARTLETT** DATE **9/8/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARTLETT, GORDON W 418 N.E. 2ND AVE DELRAY BEACH, FL 33444 <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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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: *Gordon Bartlett* **GORDON BARTLETT** DATE **9/8/08** DAYTIME PHONE # **5613055043**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE