


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90030 008 \*\*\*\*55.00

|   |   |
|---|---|
| <b>DOCUMENT # L05000046732</b>                  |  |
| 1. Entity Name<br>SWERDLOW BEACH STREET GP, LLC |   |

|  |  |
|--|--|
| Principal Place of Business<br>321 EAST HILLSBORO BLVD.<br>DEERFIELD BEACH, FL 33441 | Mailing Address<br>321 EAST HILLSBORO BLVD.<br>DEERFIELD BEACH, FL 33441 |
|--|--|

|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br>3390 Mary Street | 3. Mailing Address<br>3390 Mary Street |
| Suite, Apt. #, etc.<br>Suite 200                                   | Suite, Apt. #, etc.<br>Suite 200       |
| City & State<br>Coconut Grove, FL                                  | City & State<br>Coconut Grove, FL      |
| Zip<br>33133   | Country<br>USA                         |

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04162007 Chg-LLC CR2E083 (12/06)

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|--|--|
| 4. FEI Number<br>20-2848608  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required                              |  |
| 6. Name and Address of Current Registered Agent<br>STOTZER, THEODORE R<br>321 EAST HILLSBORO BLVD.<br>DEERFIELD BEACH, FL 33441  |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

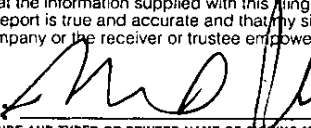
DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

| 9. MANAGING MEMBERS / MANAGERS                     |   | 10. ADDITIONS / CHANGES                            |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>BONFISH PARTNERS, LLC<br>3390 MARY STREET, SUITE 200<br>COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:**  **Bonfish Partners, LLC**  
**Michael Swerdlow, Pres** 4/17/07 305-476-0100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #