


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-25-2007 90030 006 ****55.00

DOCUMENT # L05000046738	
1. Entity Name SWERDLOW BEACH TOWNHOUSE GP, LLC	

Principal Place of Business 321 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441	Mailing Address 321 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441
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2. Principal Place of Business - No P.O. Box # 3390 Mary Street	3. Mailing Address 3390 Mary Street
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Coconut Grove, FL	City & State Coconut Grove, FL
Zip 33133	Country USA

04162007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2848388	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 STOTZER, THEODORE R 321 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM BONEFISH PARTNERS, LLC 3390 MARY STREET, SUITE 200 COCONUT GROVE, FL 33133 <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:  **Bonefish Partners, LLC** **305-476-0100**
Michael Swerdlow, Pres. **4/17/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #