

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067322

**FILED**  
**Apr 14, 2006**  
**Secretary of State**

**Entity Name:** SW 4TH LLC

**Current Principal Place of Business:**

406 BIANCA AVENUE  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

406 BIANCA AVENUE  
CORAL GABLES, FL 33146

**New Mailing Address:**

PO BOX 141876  
CORAL GABLES, FL 33114

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERNIER, THOMAS F  
13340 W. COLONIAL DRIVE #220  
WINTER GARDEN, FL 34787    US

**Name and Address of New Registered Agent:**

SOUSA, CARLOS  
PO BOX 141876  
CORAL GABLES, FL 33114    US

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.

SIGNATURE: CARLOS SOUSA

04/14/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGRM                      ( ) Change (X) Addition  
Name:                      SOUSA, CARLOS  
Address:                      PO BOX 141876  
City-St-Zip:                      CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARLOS SOUSA

MGRM

04/14/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date