

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90273 038 \*\*\*138.75

60018583



<b>DOCUMENT # L05000087302</b> 1. Entity Name <b>SWAIN FAMILY, LLC</b>					
Principal Place of Business <b>1154 HAVENDALE BLVD. WINTER HAVEN, FL 32881</b>			Mailing Address <b>1154 HAVENDALE BLVD. WINTER HAVEN, FL 32881</b>		
2. Principal Place of Business - No P.O. Box # <b>400 Avenue K SE</b>		3. Mailing Address <b>P.O. Box 3096</b>			
Suite, Apt. #, etc. <b>Bldg # 3</b>		Suite, Apt. #, etc.			
City & State <b>Winter Haven, Florida</b>		City & State <b>Winter Haven, Florida</b>		4. FEI Number <b>20-3390567</b>	
Zip <b>33880</b>		Country <b>Polk</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SWAIN, BRIAN K 1154 HAVENDALE BLVD. WINTER HAVEN, FL 32881</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>400 Avenue K SE, Bldg # 3</b> City <b>Winter Haven</b> <b>FL</b> Zip Code <b>33880</b>		
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					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SWAIN, BRIAN K P.O. BOX 3906 WINTER HAVEN, FL 33883</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.O. Box 3096 Winter Haven, FL 33885</b> <input checked="" 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	
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.					
<b>SIGNATURE:</b>			<b>3-27-08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		