

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104613

Entity Name: SWL, LLC

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

312 WING LANE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

312 WING LANE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 20-3715285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, WARREN E
312 WING LANE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOUCHE, WILLIA M
Address: 6736 SR 535
City-St-Zip: WINDERMERE, FL 34786

Title: MGR () Delete
Name: SCHWARTZ, RONALD N
Address: 6736 SR 535
City-St-Zip: WINDERMERE, FL 34786

Title: MGR () Delete
Name: WILLIAMS, WARREN E
Address: 312 WING LANE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LOUCHE, WILLIAM
Address: 6736 SR 535
City-St-Zip: WINDERMERE, FL 34786

Title: MGR (X) Change () Addition
Name: SCHWARTZ, RONALD N
Address: PO BOX 536428
City-St-Zip: ORLANDO, FL 32853

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WARREN E WILLIAMS

MGR

04/25/2006

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