

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000107366</b> 1. Entity Name MASOOD AND NANCY SW HOLDINGS, LLC	
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Principal Place of Business 212 CASS STREET TAMPA, FL 33602	Mailing Address 212 CASS STREET TAMPA, FL 33602
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**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-3734469	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  HINES, JAMES P 315 S. HYDE PARK AVENUE TAMPA, FL 33606
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

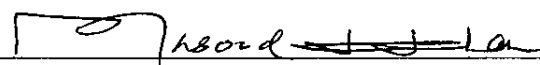
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000942943  
05/29/08-80038-007 427.50

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KHAN, MASOOD K 212 E CASS ST TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KHAN, NANCY C 212 E CASS ST TAMPA, FL 33602
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**       **4/25/08**      **813 985 7899**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #