

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019351

Entity Name: SWR MANAGEMENT, LLC

FILED  
Jul 10, 2008  
Secretary of State

**Current Principal Place of Business:**

1515 RINGLING BLVD., SUITE 880  
SARASOTA, FL 34236

**New Principal Place of Business:**

1549 RINGLING BLVD., SUITE 101  
SARASOTA, FL 34236

**Current Mailing Address:**

1515 RINGLING BLVD., SUITE 880  
SARASOTA, FL 34236

**New Mailing Address:**

P. O. BOX 49437  
SARASOTA, FL 342306437 US

FEI Number: 20-4407623      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MENKE, FRANK III  
1549 RINGLING BLVD.  
SUITE 101  
SARASOTA, FL 34236 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: FRANK MENKE III

07/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MENKE, FRANK III  
Address: 1515 RINGLING BLVD., SUITE 880  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MENKE, FRANK III  
Address: 1549 RINGLING BLVD., SUITE 101  
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify 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: FRANK MENKE III

MGR

07/10/2008

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