


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000019568**

1. Entity Name  
**SW6, LLC**



Principal Place of Business  
**1618 MAHAN CENTER BOULEVARD STE 103  
 TALLAHASSEE, FL 32308**

Mailing Address  
**1618 MAHAN CENTER BOULEVARD STE 103  
 TALLAHASSEE, FL 32308**

**DO NOT WRITE IN THIS SPACE**



02042008No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>20-4365808</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**PALMER, WALDO H JR  
 1618 MAHAN CENTER BOULEVARD STE 103  
 TALLAHASSEE, FL 32308**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALMER, WALDO H JR 1618 MAHAN CENTER BOULEVARD STE 103 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEAN, ROBERT C 2065 THOMASVILLE ROAD TALLAHASSEE, FL 32308
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U00000858130  
 04/01/08-80033-005 138.75

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:  DATE: **3/12/08**

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