2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State
02-12-2007 90305 002 ****50.00

DOCUMENT # L06000027058

1. Entity Name
SWINGMIAMI ENTERTAINMENT LLC

Principal Place of Business	Mailing Address
780 NE 69 ST 2005 MIAMI FL 33138 US	780 NE 69 ST 2005 MIAMI FL 33138 US

30001820

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
275 NE 18 st		275 NE 18st	
Suite, Apt. #, etc.: 107		Suite, Apt. #, etc.: 107	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33132	Country: USA	Zip: 33132	Country: USA

4. FEI Number: 20-4495483 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PATINO, ALFREDO R
780 NE 69 ST
2005
MIAMI FL 33138

7. Name and Address of New Registered Agent

Name: Patino, Alfredo R
Street Address (P.O. Box Number is Not Acceptable): 275 NE 18 St #107
City: Miami FL Zip Code: 33132

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: [signature] Alfredo Patiño President 1/29/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PATINO, ALFREDO R		NAME		
STREET ADDRESS	780 NE 69 ST #2005		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33138		CITY-ST-ZIP		
TITLE	MGRM	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	LMJ HOLDINGS, INC.		NAME		
STREET ADDRESS	2332 GALIANO		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] President Alfredo R. Patino 1/29/07 786-356-8710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #