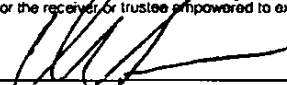


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

03-27-2007 90198 031 ****50.00

DOCUMENT # L06000036113					
1. Entity Name PATTSWAN II, LLC					
Principal Place of Business 215 FIFTH STREET, SUITE 100 WEST PALM BEACH, FL 33401			Mailing Address 215 FIFTH STREET, SUITE 100 WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	03122007 Chg-LLC CR2E083 (12/06) 4. FEI Number 20-4648777 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RABIDEAU, GUY 400 ROYAL PALM WAY, SUITE 204 PALM BEACH, FL 33480				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 date if applicable. (NOTE: Registered Agent signature required when transferring)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SWANSON, DAN E 215 FIFTH STREET, SUITE 100 WEST PALM BEACH, FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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: 			3/22/07 (561) 802-4411 Date Daytime Phone #		