2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000047265

1. Entity Name

WILLIS A. SMITH-JON F. SWIFT, LLC

Principal Place of Business 2902 HYDE PARK STREET

SARASOTA, FL 34239

Mailing Address

2902 HYDE PARK STREET SARASOTA, FL 34239

FILED Feb 25, 2008 08:00 AN Secretary of State



02062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4838979 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SWIFT, JON F 2221 8TH STREET SARASOTA, FL 34237

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2/6/08

941-366-3116

Daytime Phone #

6. 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, typed or printed name of registered agent and title if applicable	(NOTE: Registered	Agent signature required when reinstaking)	DATE
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	.h		_
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MB WILLIS A SMITH CONSTRUCTION INC 2902 HYDE PARK ST SARASOTA, FL 34239			U00000838246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MB JON F SWIFT INC 2221 8TH ST SARASOTA, FL 34237			03/05/08-80023-003 143.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
NAME STREET ADDRESS CITY - S1-ZIP			IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		l		
NAME STREET ADDRESS CITY-ST-ZIP				

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 AND TYPED OR PRINTED NAME OF SIGNAL MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE