

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067167

FILED  
Sep 22, 2008  
Secretary of State

Entity Name: SWANSON COMMUNICATIONS CONSULTING LLC

## Current Principal Place of Business:

7842 REGAL HERON CIRCLE  
#205  
NAPLES, FL 34104 US

## New Principal Place of Business:

400 SE 2ND AVENUE  
#414  
DELRAY BEACH, FL 33444 US

## Current Mailing Address:

7842 REGAL HERON CIRCLE  
#205  
NAPLES, FL 34104 US

## New Mailing Address:

777 E ATLANTIC AVENUE  
SUITE C2-394  
DELRAY BEACH, FL 33483 US

FEI Number: 30-0064598

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SWANSON, BETH H  
7842 REGAL HERON CIRCLE  
#205  
NAPLES, FL 34104 US

## Name and Address of New Registered Agent:

SWANSON, BETH H APR  
200 NE 2ND AVENUE  
#414  
DELRAY BEACH, FL 33444 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: BETH H. SWANSON, APR

09/22/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SWANSON, BETH H  
Address: 7842 REGAL HERON CIRCLE, #205  
City-St-Zip: NAPLES, FL 34104 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SWANSON, BETH H APR  
Address: 200 NE 2ND AVENUE  
City-St-Zip: DELRAY BEACH, FL 33444 US

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: BETH H. SWANSON

MGRM

09/22/2008

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