


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90132 016 ***138.75

DOCUMENT # L06000095348	
--------------------------------	-----------------------------------------------------------------------------------

1. Entity Name
SW FLORIDA COMMUNICATIONS, LLC

Principal Place of Business 2033 MAIN ST. STE. 600 SARASOTA, FL 34237	Mailing Address 2033 MAIN ST. STE. 600 SARASOTA, FL 34237
-----------------------------------------------------------------------------	-----------------------------------------------------------------

60019585



2. Principal Place of Business - No P.O. Box # 1718 MAIN ST	3. Mailing Address 1718 MAIN ST
Suite, Apt. #, etc. SUITE 300	Suite, Apt. #, etc. SUITE 300
City & State SARASOTA	City & State SARASOTA FL
Zip FL	Country
Zip 34236	Country

02222008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5730535	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MYERS, TROY H JR 2033 MAIN ST. STE. 600 SARASOTA, FL 34237	7. Name and Address of New Registered Agent Name DAVID BEALL Street Address (P.O. Box Number is Not Acceptable) 596 MOSSY CREEK DR City VENICE FL Zip Code 34292
---------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

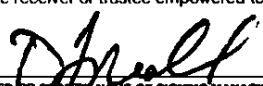
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DAVID BEALL
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
-------------------------------------------------------------------------------------	--------------------------------------------------------------------

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MYERS, TROY H JR 2033 MAIN ST. STE. 600 SARASOTA, FL 34237 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVID BEALL 596 MOSSY CREEK DR VENICE, FL 34292 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DAVID BEALL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date 4/1/08 941-320-7194
Daytime Phone #