


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000117203 1. Entity Name SW13, LLC	
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Principal Place of Business 1618 MAHAN CENTER BLVD., STE. 103 TALLAHASSEE, FL 32308	Mailing Address 1618 MAHAN CENTER BLVD., STE. 103 TALLAHASSEE, FL 32308
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**DO NOT WRITE IN THIS SPACE**



02042008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-8016695	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PALMER, WALDO HAROLD JR.  
 1618 MAHAN CENTER BLVD., STE. 103  
 TALLAHASSEE, FL 32308

**DO NOT WRITE IN THIS SPACE**

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALMER, WALDO HAROLD JR. 1618 MAHAN CENTER BLVD., STE. 103 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEAN, ROBERT C 2065 THOMASVILLE ROAD TALLAHASSEE, FL 32308
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U00000858125  
 04/01/08-80033-003 138.75

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:  DATE: 3/12/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #