2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L06000120047

Entity Name: MSW REAL ESTATE, LLC

Current Principal Place of Business:

1717 SOUTH US 1
UNIT #8, PMB#737
FORT PIERCE, FL 34950 US

New Principal Place of Business:

16320 SOUTH POST ROAD
202
WESTON, FL 33331 US

Current Mailing Address:

1717 SOUTH US 1
UNIT #8, PMB#737
FORT PIERCE, FL 34950 US

New Mailing Address:

16320 SOUTH POST ROAD
202
WESTON, FL 33331 US

FEI Number: 61-1521338 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WINTERS, MIKE D
Address: 1717 SOUTH US 1
City-St-Zip: FORT PIERCE, FL 34950 US

Title: MGRM ( ) Delete
Name: WINTERS, SANDI
Address: 1717 SOUTH US 1
City-St-Zip: FORT PIERCE, FL 34950 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WINTERS, MIKE D
Address: 16320 SOUTH POST ROAD # 202
City-St-Zip: WESTON, FL 33331 US

Title: MGRM (X) Change ( ) Addition
Name: WINTERS, SANDI
Address: 16320 SOUTH POST ROAD # 202
City-St-Zip: WESTON, FL 33331 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: MIKE D. WINTERS MGRM 04/16/2009

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