


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90181 031 ***138.75

| | | |
|------------------------------------|--|---|
| DOCUMENT # L07000029557 | |  |
| 1. Entity Name DAISY SWING, LLC | | |

| | |
|---|---|
| Principal Place of Business 1920 E. HALLANDALE BEACH BLVD. SUITE 906 HALLANDALE, FL 33309-4726 | Mailing Address 1920 E. HALLANDALE BEACH BLVD. SUITE 906 HALLANDALE, FL 33309-4726 |
|---|---|

60016070



| | |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-------------------|---------|-------------------|---------|
| Zip 33009-4726 | Country | Zip 33009-4726 | Country |
|-------------------|---------|-------------------|---------|

02122008 Chg-LLC CR2E083 (12/06)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-8666239 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| SCHIMMEL, JOSEPH BARRY ESQ 9400 S. DADELAND BLVD. SUITE 600 SUITE 600 MIAMI, FL 33156 | |

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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 | 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 | |
|------------------------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 10. ADDITIONS/CHANGES | |
|-----------------------|--|
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ARMOR E. LIPSON |
| STREET ADDRESS | 1920 E. HALLANDALE BEACH BLVD. - # 906 |
| CITY-ST-ZIP | HALLANDALE, FL 33009 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TERONE H. STERN |
| STREET ADDRESS | 1920 E. HALLANDALE BEACH BLVD. - # 906 |
| CITY-ST-ZIP | HALLANDALE, FL 33009 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LLOYD A. MOPIER |
| STREET ADDRESS | 1920 E. HALLANDALE BEACH BLVD. - # 906 |
| CITY-ST-ZIP | HALLANDALE, FL 33009 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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.

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|--|----------------------|---------------|---------------------------------|
| SIGNATURE:  | ARMOR E. LIPSON, MGR | Date: 3/18/08 | Daytime Phone #: (954) 457-1117 |
|--|----------------------|---------------|---------------------------------|