2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# L07000071315

Entity Name: SWS-DEL, LLC

Current Principal Place of Business:

1600 NW 163 STREET
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

1600 NW 163 STREET
MIAMI, FL 33169 US

New Mailing Address:

FEI Number: 35-2177519 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERMAN, ALISON P GC
1600 NW 163 STREET
MIAMI, FL 33169 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:	PCOD	( ) Delete
Name:	CHAPLIN, WAYNE E	
Address:	1600 NW 163 STREET	
City-St-Zip:	MIAMI, FL 33169 US	
Title:	CEOD	( ) Delete
Name:	CHAPLIN, HARVEY R	
Address:	1600 NW 163 STREET	
City-St-Zip:	MIAMI, FL 33169 US	
Title:	VPTD	( ) Delete
Name:	BECKER, STEVEN R	
Address:	1600 NW 163 STREET	
City-St-Zip:	MIAMI, FL 33169 US	
Title:	SVP	( ) Delete
Name:	DICK, MEL A	
Address:	1600 NW 163 STREET	
City-St-Zip:	MIAMI, FL 33169 US	
Title:	EVPS	( ) Delete
Name:	HAGER, LEE F	
Address:	1600 NW 163 STREET	
City-St-Zip:	MIAMI, FL 33169 US	
Title:	D	( ) Delete
Name:	CHAPLIN, PAUL B	
Address:	1600 NW 163 STREET	
City-St-Zip:	MIAMI, FL 33169 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: STEVEN R. BECKER VPTD 04/21/2009

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