

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076948

**FILED**  
**Mar 13, 2009**  
**Secretary of State**

**Entity Name:** SWINGSETS BY DESIGN LLC

**Current Principal Place of Business:**

1910 W. NELSON CIRCLE  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

1910 W. NELSON CIRCLE  
TALLAHASSEE, FL 32303

**New Mailing Address:**

FEI Number: 26-0595408

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INNES, MICHAEL C  
1910 W NELSON CIRCLE  
TALLAHASSEE, FL 32303 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: INNES, MICHAEL  
Address: 1910 W. NELSON CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: ADRIANSE, PAUL  
Address: 3042 FERMANAGA DR  
City-St-Zip: TALLAHASSEE, FL 32309

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: MICHAEL INNES

MGRM

03/13/2009

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