

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103227

FILED  
Sep 02, 2008  
Secretary of State

Entity Name: ED SWIFT RD., LLC

**Current Principal Place of Business:**

5730 2ND AVE  
1  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

5730 2ND AVE  
1  
KEY WEST, FL 33040 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

GIL, ANTONIO  
5730 2ND AVE  
1  
KEY WEST, FL 33040 US

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

VAZQUEZ, RAYMOND  
5730 2ND AVE  
1  
KEY WEST, FL 33040 US

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: RAYMOND VAZQUEZ

09/02/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GIL, ANTONIO  
Address: 5730 2ND AVE  
City-St-Zip: KEY WEST, FL 33040

Title: MGRM ( ) Delete  
Name: VAZQUEZ, RAYMOND  
Address: 5730 2ND AVE  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VAZQUEZ, RAYMOND  
Address: 5730 2ND AVE  
City-St-Zip: KEY WEST, FL 33040

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: RAYMOND VAZQUEZ

MGRM

09/02/2008

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