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Secretary of State
02-12-2008 90063 016 ***138.75

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2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000122910

1. Entity Name
MSW MANAGEMENT, LLC

30001549

01312008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
60 EAST END AVENUE #21C NEW YORK, NY 10028	C/O MARCIA E. LEVINE, 225 NE MIZNER BLVD. SUITE 300 BOCA RATON, FL 33432

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	c/o MARCIA E. LEVINE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 595 So. Federal Hwy. Ste 600
City & State	City & State Boca Raton, FL
Zip / Country	Zip 33432 / Country USA

4. FEI Number 26-1545551 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEVINE, MARCIA E 225 NE MIZNER BOULEVARD SUITE 300 BOCA RATON, FL 33432	Name MARCIA E. LEVINE Street Address (P.O. Box Number is Not Acceptable) 595 So. Federal Hwy. Suite 600 City Boca Raton FL Zip Code 33432

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]
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			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SCHAEFER, MARLA L		NAME		
STREET ADDRESS	60 EAST END AVENUE, #21C		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10028		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: X Marla L. Schaefer 2-1-08 (561) 620-3233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

MARLA L. SCHAEFER, MANAGING MEMBER