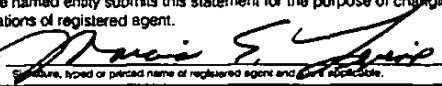
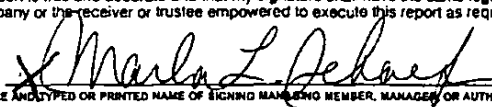


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/1

FILED
Mar 10, 2008 8:00 am
Secretary of State

02-12-2008 90063 016 ***138.75

DOCUMENT # L07000122910			
1. Entity Name MSW MANAGEMENT, LLC			
Principal Place of Business 60 EAST END AVENUE #21C NEW YORK, NY 10028		Mailing Address 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	Country
33432	USA	33432	USA
5. Certificate of Status Desired ☐		FEL Number 36-1545551	
		Applied For ☐ Not Applicable	
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 		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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHAEFER, MARLA L 60 EAST END AVENUE, #21C NEW YORK, NY 10028 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		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			

30001549

