

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000073123

Entity Name: SWILCAN PROPERTIES LLC

FILED  
Mar 15, 2011  
Secretary of State

**Current Principal Place of Business:**

11740 ST ANDREWS PLACE  
APT 202  
WELLINGTON, FL 33414

**New Principal Place of Business:**

11740 ST ANDREWS PLACE  
APT 202  
WELLINGTON, FL 33414 BS

**Current Mailing Address:**

P.O. BOX SP60175  
NASSAU, BS BS

**New Mailing Address:**

P.O. BOX SP60175  
NASSAU, BS 00000 BS

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: DPST  
Name: JONES, ROWENA M  
Address: #2 BRIGHTON PLACE, LYFORD CAY  
City-St-Zip: NASSAU, BAHAMAS, BS 00000 BS

Title: D  
Name: JONES, NEALE ADAM  
Address: #2 BRIGHTON PLACE, LYFORD CAY  
City-St-Zip: NASSAU, BAHAMAS, BS 00000 BS

Title: DPST  
Name: JONES, ROWENA M  
Address: P.O. BOX SP60175  
City-St-Zip: NASSAU, BS 00000 BS

I hereby 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: ROWENA JONES

DPST

03/15/2011

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