2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000111866

Entity Name: SWING BACK, LLC

FILED Jan 06, 2010 Secretary of State

New Principal Place of Business: Current Principal Place of Business:

301 EAST LEMON STREET

TARPON SPRINGS, FL 34689 US

Current Mailing Address: New Mailing Address:

301 EAST LEMON STREET

TARPON SPRINGS, FL 34689 US

FEI Number: 26-4094320 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CAVALIERI, WILLIAM SR 301 EAST LEMON STREET

TARPON SPRINGS, FL 34689 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

CAVALIERI, WILLIAM SR Name:

Address: 301 EAST LEMON STREET, SUITE A City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: MGR

Name: CAVALIERI, JUDY I

Address: 301 EAST LEMON STREET, SUITE A City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: MGR

CAVALIERI, ELIZABETH F Name:

301 EAST LEMON STREET, SUITE A Address: City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: MGR

Name: CAVALIERI, WILLIAM JR.

301 EAST LEMON STREET, SUITE A Address: City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: MGR

Name: SMITH, MICHELLE M

301 EAST LEMON STREET, SUITE A Address: TARPON SPRINGS, FL 34689 US City-St-Zip:

Title:

CAVALIERI, ROBERT R Name: Address: 416 ADMIRAL COVE

TARPON SPRINGS, FL 34689 US City-St-Zip:

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 Statues.

SIGNATURE: WILLIAM CAVALIERISR. **MGR** 01/06/2010