2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# L08000114538

Entity Name: SWERDLOW HOLLY HILL GP, LLC

Current Principal Place of Business:

3390 MARY STREET
SUITE 200
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

3390 MARY STREET
SUITE 200
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 42-1637216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STOTZER, THEODORE R
321 EAST HILLSBORO BOULEVARD
DEERFIELD BEACH, FL 33441 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:	MGRM	( ) Delete
Name:	BONEFISH PARTNERS, L, LC	
Address:	3390 MARY STREET, SUITE 200	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	MGR	( ) Delete
Name:	SWERDLOW, MICHAEL	
Address:	3390 MARY STREET, SUITE 200	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	MGR	( ) Delete
Name:	DILL, BRETT	
Address:	3390 MARY STREET, SUITE 200	
City-St-Zip:	COCONUT GROVE, FL 33133	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: KENNETH SCOTT CFO 02/25/2009

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