

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000114540

FILED
Feb 25, 2009
Secretary of State

Entity Name: SWERDLOW HOLLY HILL I 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: 20-2510553

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 BLVD
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: P () Delete
Name: SWERDLOW, MICHAEL
Address: 3390 MARY STREET, SUITE 200
City-St-Zip: COCONUT GROVE, FL 33133

Title: EVP () 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