

FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
FILED**

1997 MAR 11 PM 12:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L96000001254**

**SWAN SERVICES LIMITED LIABILITY COMPANY
2340 PERIWINKLE WAY
SUITE J-3
SANIBEL ISLAND FL 33957**

1a. Principal Place of Business Address

**2340 PERIWINKLE WAY
SUITE J-3
SANIBEL ISLAND FL 33957**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
2/03/1996	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0715370	
5. Date of Last Report	6. Certificate of Status Desired
	\$6.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	
RATLIFF, ROBERT LEE III 2340 PERIWINKLE WAY SUITE J-3 SANIBEL ISLAND FL 33957	

8. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	
City	Zip Code
FL	

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	HEAD, DOUGLAS MARTIN	2340 PERIWINKLE WAY, SUITE	SANIBEL ISLAND FL
MEM	HEAD, SANDRA AUDREY	2340 PERIWINKLE WAY, SUITE	SANIBEL ISLAND FL
MGR	RATLIFF III, ROBERT LEE	2340 PERIWINKLE WAY, SUITE J-3	SANIBEL ISLAND FL 33957

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****203.75 ****203.75**

Handwritten signature and date: 2-17-77 941-795-1300

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]* **2-17-77 941-795-1300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #