

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000368

Entity Name: SWRF, L.L.C.

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

320 W. FLETCHER AVE.
SUITE 104
TAMPA, FL 336123400 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 17878
TAMPA, FL 336827878

New Mailing Address:

P O BOX 17878
TAMPA, FL 336827878 US

FEI Number: 59-3436346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, CHARLES L
1017 WILDROSE DRIVE
LUTZ, FL 335495657 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: MILLER, CHARLES L
Address: 1017 WILDROSE DRIVE
City-St-Zip: LUTZ, FL 335495657 US

Title: MGR () Delete
Name: MILLER, COLIN T
Address: 4014 MOUNTAIN SPRINGS LANE
City-St-Zip: TAMPA, FL 336241824 US

Title: MGR () Delete
Name: MILLER, ROSANNE M
Address: 4014 MOUNTAIN SPRINGS LANE
City-St-Zip: LUTZ, FL 335495657 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MILLER, ROSANNE M
Address: 1017 WILDROSE DRIVE
City-St-Zip: LUTZ, FL 335495657 US

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: CHARLES L MILLER

MGRM

01/04/2008

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