

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000368

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** SWRF, L.L.C.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

320 W. FLETCHER AVE.  
SUITE 105  
TAMPA, FL 336123400 US

**Current Mailing Address:**

P O BOX 17878  
TAMPA, FL 336827878 US

**New Mailing Address:**

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

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

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

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 Statutes.

SIGNATURE: CHARLES L MILLER

MGRM

01/11/2010

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