

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000733

FILED
Mar 21, 2009
Secretary of State

Entity Name: SWAT 24 STUART, FLORIDA, L.L.C.

Current Principal Place of Business:

1774 SW BILTMORE ST.
PORT ST LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

1774 SW BILTMORE ST.
PORT ST LUCIE, FL 34984

New Mailing Address:

FEI Number: 72-1381440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, JOHN D.
1774 SW BILTMORE ST.
PORT ST. LUCIE, FL 34984 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: MGR () Delete
Name: COLEMAN, JOHN O
Address: 7630 BROOKHAVEN WAY
City-St-Zip: SHREVEPORT, LA 71105

Title: MGR () Delete
Name: COLEMAN, LARRAINE P
Address: 7630 BROOKHAVEN WAY
City-St-Zip: SHREVEPORT, LA 71105

Title: MGR () Delete
Name: COLEMAN, JOHN D
Address: 1774 SW BILTMORE ST.
City-St-Zip: PORT ST. LUCIE, FL 34984

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: JOHN D. COLEMAN

MGR

03/21/2009

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