

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L97000000733

**FILED**  
**Jan 21, 2010**  
**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 (X)**

**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  
**Name:** COLEMAN, JOHN O  
**Address:** 1645 ZANDER WAY  
**City-St-Zip:** SANTA ROSO BEACH, FL 32459

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

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

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:** JOHN D COLEMAN

MGR

01/21/2010

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