

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000305

FILED
Apr 05, 2007
Secretary of State

Entity Name: MOHLER SWORDS LIMITED LIABILITY COMPANY

Current Principal Place of Business:

560 VILLAGE BLVD
250
WEST PALM BEACH, FL 33409

New Principal Place of Business:

560 VILLAGE BLVD
SUITE 250
WEST PALM BEACH, FL 33409

Current Mailing Address:

560 VILLAGE BLVD
250
WEST PALM BEACH, FL 33409

New Mailing Address:

560 VILLAGE BLVD
SUITE 250
WEST PALM BEACH, FL 33409

FEI Number: 65-0887859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOHLER, TOM
560 VILLAGE BLVD., SUITE 250
BRANDYWINE II
WEST PALM BEACH, FL 33409 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: MOHLER, TOM
Address: 525 SOUTH FLAGLER DRIVE, PF 3
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Delete
Name: SWORDS, CIARAN
Address: 4601 NW 27TH AVENUE
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOHLER, TOM
Address: 560 VILLAGE BLVD SUITE 250
City-St-Zip: WEST PALM BEACH, FL 33409

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TOM MOHLER

MGR

04/05/2007

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