2005 LIMITED LIABILITY COMPANY

SIGNATURE: WALL Q DULLE - TRANK H & LONA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

	ANNUAL REPORT		FILED
1. Entity Nam	MENT # L9900000767 EAR SWAP MEET, L.C.		Mar 09, 2005 08:00 AN Secretary of State
i i	mailing Address O BRONSON HIGHWAY FL 34744 Mailing Address 24 PINE ST. WINDERMERE, FL 34786		
C	OO NOT WRITE IN THIS SPA	ACE	02242005 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For S9-3557318 Not Applied For Not Applied Status Desired S5.00 Additional Fee Required
6. Name and Address of Current Registered Agent BUONAURO, FRANK A 24 PINE ST. WINDERMERE, FL 34786		-	DO NOT WRITE IN THIS SPACE
the obligate	s named entity submits this statement for the purpose of changing its registions of registered agent. Signature typed or printed name of registered agent and title if applicable TNOTE Registring Fee is \$50.00 true by May 1, 2005	tered office or register	·
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBERS/MANAGERS MGR BUONAURO, FRANK A JR. 2801 E. IRLO BRONSON HIGHWAY KISSIMMEE, FL 34744		U00000257004 03/03/05-80037-003 55.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			IN THIS SPACE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby indicated limited lia	certify that the information supplied with this filing does not qualify for the of the thin seport is two end accurate and that my signature shall have the stability company of the receiver or state empowered to execute this report	exemption stated in Se ame legal effect as if n t as required by Chap	ection 119.07(3)(i), Florida Statutes I further certify that the information nade under oath; that I am a managing member or manager of the ter 608, Florida Statutes.