## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L99000002104**

1. Entity Name SWAYING PALMS, LLC



04-17-2007 90255 046 \*\*\*\*50.00

Apr 17, 2007 8:00 am Secretary of State

**FILED** 

Principal Place of Business

4851 GRIFFIN ROAD DAVIE, FL 33314 Mailing Address

370 EAST MAPLE RD., 3RD FLOOR BIRMINGHAM, MI 48009



03192007 No Chg-LLC

CR2E083 (11/05)

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RIVERSTONE COMMÚNITIES 2121 NW 69TH CT FORT LAUDERDALE, FL 33311

SIGNATURE: 🔥

SIGNATURE AND TYPED

## DO NOT WRITE IN THIS SPACE

Date

	المُوْ أَنْ اللهِ			
8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE #				
Papi		(NOTE: Registered Age	ent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS		· · ·	
TITLE	MGRM			
NAME	BELLINSON, JAMES L			
STREET ADDRESS	370 E MAPLE RD., 3RD FLOOR			
CITY-ST-ZIP	BIRMINGHAM, MI 48009			
TITLE	MGRM			
NAME	PETERSON, DOUGLAS			
STREET ADDRESS	19000 SW 54TH PLACE			
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33332			
TITLE				
NAME		1		
STREET ADDRESS			DO NOT	WDITE
CITY-ST-ZIP			DO NOT	AAIZIIE
TITLE			IN THIS	SPACE
NAME			114 11110	O! ACL
STREET ADDRESS		1		
CITY-ST-ZIP				
TITLE				
NAME		1		
STREET ADDRESS		1		
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS		l		
CITY-ST-ZIP	/			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

R PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE