

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 15, 2002 8:00 am**  
**Secretary of State**

09-15-2002 90091 026 \*\*\*\*50.00

DOCUMENT # L99000002530  
1. Entity Name Two Swans Farm LLC

**DO NOT WRITE IN THIS SPACE**

980717

2. Principal Place of Business 12377 Indian Mound  
Suite, Apt. #, etc.

3. Mailing Address 17308 White Haven Dr  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Wellington, FL  
Zip 33467 Country USA

City & State Boca Raton, FL  
Zip 33496 Country

4. FEI Number 22-3653092

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Carol F. Cohen

Street Address (P.O. Box Number is Not Acceptable)

17308 White Haven Drive

City Wellington

FL

Zip Code 33496

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.

SIGNATURE Carol F. Cohen, manager - law of c DATE 9/13/02

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

**9. MANAGING MEMBERS/MANAGERS**

TITLE manager  
NAME Carol F. Cohen  
STREET ADDRESS 17308 White Haven Dr.  
CITY - ST - ZIP Boca Raton, FL 33496

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE mgr  
NAME alan n. Cohen  
STREET ADDRESS 17308 White Haven Dr.  
CITY - ST - ZIP Boca Raton, FL 33496

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Carol F. Cohen CAROL F. Cohen, mgr DATE 9/13/02 561-28-0968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (1201)