2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006959 1. Entity Name						FILED					
S.W. IMA	GING, L.L.C.					OI MAR - I					
Principal Place of Business Mailing Address 3550 UNIVERSITY BLVD SOUTH. SUITE 101 JACKSONVILLE FL 32216 JACKSONVILLE FL 32216				SUITE 101		SECRETARY TALLAHASSE	OF ST	FATE DRIDA			
	L FL VEETO	SHOULD IN SECTION		•			COLL COLL				
2. Principal Place of Business 3. Mailing Address									[[] 		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE 59-3011351						
City & State	e	City & State			4. FEI Numbe	APPLIED FO	R	J +	oplied For ot Applicable]	
Zip 	Country	Zip	Countr	У :		of Status Desired *	U Ė	5.00 Add ee Require			
بنار وعينيا الد	6. Name and Address of Curren	t Registered Agent		-Name =		Address of New Reg	istered Ag	gent		-	
ANSBACHER, LAWRENCE V 5150 BELFORT ROAD, BLDG 100					Address (P.O. Box Number is Not Acceptable)						
JACKSONVILLE FL 32256								·		1	
				City		FL			Zip Code		
8. The above	named entity submits this statement f	or the purpose of changing its re	egistered	d office or register	ed agent, or both	, in the State of Florid	a.				
SIGNATURE _	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered	Agent signature required	when reinstating)	17	DATE				
		FILE NO Make Check Pay		EE IS \$50.00 Department of	f State						
9.	MANAGING MEM	REPS/MEMBERS	10.			ADDITIONS/CI	JANGES			-	
TITLE NAME STREET AUDRESS CITY-ST-ZIP	MGRM SACAQUINI, NICOLAU 9477 KELLS ROAD JACKSONVILLE FL 32257	Delete	TITLE NAME	T ADDRESS		\\		Change	Addition	E083 (11/00)	
NAME Street address City-St-Zip	- محمد مست میں با مصر	Delete	TITLE NAME STREET CITY-S	T ADDRESS				Change	Addition	200	
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indicated (pertify that the information supplied wit on this report is true and accurate and bility company or the receiver or truste	d that my signature shall have th	e same l	legal effect as if m	ade under oath;	that I am a managing	rther certif member	y that the ir or manage	nformation r of the		