




# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90455 021 \*\*\*\*55.00

<b>DOCUMENT # M01000000575</b> 1. Entity Name <b>SWERDLOW LIGHTSPEED COMPANY, LLC</b>					
Principal Place of Business <del>4651 SHERIDAN STREET STE. 200</del> <del>HOLLYWOOD, FL 33021</del>			Mailing Address <del>4651 SHERIDAN STREET STE. 200</del> <del>HOLLYWOOD, FL 33021</del>		
2. Principal Place of Business 3390 Mary Street Suite, Apt. #, etc. Suite 200		3. Mailing Address 321 East Hillsboro Blvd. Suite, Apt. #, etc.			
City & State Coconut Grove, Florida		City & State Deerfield Beach, Florida			
Zip 33133		Zip 33441			
Country USA		Country USA		4. FEI Number <b>65-1080604</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> X <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>STOTZER, THEODORE R ESQ.</b> <b>321 EAST HILLSBORO BLVD.</b> <b>C/O SWERDLOW BOCA DEVELOPERS GROUP, LLC</b> <b>DEERFIELD BEACH, FL 33441</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SWERDLOW, MICHAEL <del>4651 SHERIDAN STREET STE. 200</del> <del>HOLLYWOOD, FL 33021</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3390 Mary Street, Suite 200 Coconut Grove, Florida 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: By:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Michael Swerdlow, Managing Member					
April 15, 2004				(954) 949-3480	