

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000618

FILED
Jan 08, 2009
Secretary of State

Entity Name: SWITCH AND DATA MANAGEMENT COMPANY LLC

Current Principal Place of Business:

1715 NORTH WESTSHORE BLVD.
SUITE 650
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

1715 NORTH WESTSHORE BLVD.
SUITE 650
TAMPA, FL 33607

New Mailing Address:

FEI Number: 11-3677198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OLSEN, KEITH
Address: 1715 NORTH WESTSHORE BLVD #650
City-St-Zip: TAMPA, FL 33607

Title: MGR () Delete
Name: POLLOCK JR, GEORGE A
Address: 1715 NORTH WESTSHORE BLVD #650
City-St-Zip: TAMPA, FL 33607

Title: MGR () Delete
Name: CLAYTON, MYNARD
Address: 1715 N. WESTSHORE BLVD., STE. 650
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLAYTON MYNARD

MGR

01/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date