


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000000530 1. Entity Name S & S OF SOUTHWEST FLORIDA, LLC	
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Principal Place of Business 6400 TECHSTER BOULEVARD FORT MYERS, FL 33912	Mailing Address 6400 TECHSTER BOULEVARD FORT MYERS, FL 33912
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DO NOT WRITE IN THIS SPACE



01062005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0626872	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent COSTELLO, TRUMAN J ESQUIRE BRITTANY PROFESSIONAL CENTER 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907
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DO NOT WRITE IN THIS SPACE

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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARINO, STEVEN L 6400 TECHSTER BLVD. FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARINO, SHARON L 5804 CRUISER WAY TAMPA, FL 33615
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<p>U000000285521 04/02/05-80049-004 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date 3/31/05	Daytime Phone 239-433-3344