2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000014304

1. Entity Name
SOUTHWESTERN PROPERTIES, LLC

Principal Place of Business	Mailing Address
PO BOX 4332 FORT PIERCE, FL 34948	PO BOX 4332 FORT PIERCE, FL 34948

02172005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1171149
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FEE, FRANK H III ESQ
401 SOUTH INDIAN RIVER DR.
FT PIERCE, FL 34950

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	STEWART, NICK T
STREET ADDRESS	13575 INDRIO RD
CITY-ST-ZIP	FORT PIERCE, FL 34945
TITLE	P
NAME	BEALE, JOSEPH E JR
STREET ADDRESS	4511 SW 8TH LANE
CITY-ST-ZIP	FORT PIERCE, FL 34945
TITLE	P
NAME	RANCH, BROWN
STREET ADDRESS	13939 INDRIO RD
CITY-ST-ZIP	FORT PIERCE, FL 34945
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2-18-05 772-464-4499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #