

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014304

FILED  
Jan 11, 2008  
Secretary of State

**Entity Name:** SOUTHWESTERN PROPERTIES, LLC

**Current Principal Place of Business:**

13575 INDRIO ROAD  
FORT PIERCE, FL 34945

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4332  
FORT PIERCE, FL 34948

**New Mailing Address:**

**FEI Number:** 57-1171149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FEE, FRANK H III ESQ  
401 SOUTH INDIAN RIVER DR.  
FT PIERCE, FL 34950 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: P ( ) Delete  
Name: STEWART, NICK T  
Address: 13575 INDRIO RD  
City-St-Zip: FORT PIERCE, FL 34945

Title: P ( ) Delete  
Name: BEALE, JOSEPH E JR  
Address: 4511 SW 8TH LANE  
City-St-Zip: FORT PIERCE, FL 34945

Title: P ( ) Delete  
Name: RANCH, BROWN  
Address: 13939 INDRIO RD  
City-St-Zip: FORT PIERCE, FL 34945

**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: NICK STEWART

P

01/11/2008

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