

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

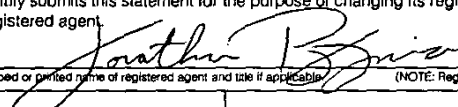
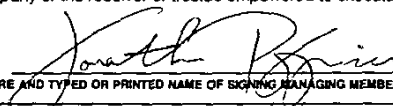
FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90106 002 ****50.00

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01202005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000090150					
1. Entity Name SOUTHWEST SUNSHINE REALTY, LLC					
Principal Place of Business 222 HARBOR DRIVE SUITE 405 NAPLES, FL 34103			Mailing Address 222 HARBOR DRIVE SUITE 405 NAPLES, FL 34103		
2. Principal Place of Business Fort Myers, FL		3. Mailing Address 5100 South Cleveland Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 310 # 366			
City & State		City & State Fort Myers FL		4. FEI Number 20-2084494	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
33907	USA	33907	USA		
6. Name and Address of Current Registered Agent PYTYNIA, JONATHAN M 222 HARBOR DRIVE SUITE 405 NAPLES, FL 34103			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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				DATE 1-20-05	
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PYTYNIA, JONATHAN M		NAME		
STREET ADDRESS	1615 BEECH DR NORTH		STREET ADDRESS		
CITY-ST-ZIP	PLAINFIELD, IN 46168		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		DATE: 1-20-05		DAYTIME PHONE: 739 713-8806	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					