

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000004227

**FILED**  
**Jul 02, 2004**  
**Secretary of State**

**Entity Name:** CONSULTING OF SOUTH WEST FLORIDA LLC

**Current Principal Place of Business:**

15644 CALOOSA CREEK CIR  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

15644 CALOOSA CREEK CIR  
FORT MYERS, FL 33908

**New Mailing Address:**

**FEI Number:** 52-2236609

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOMANO, JACK M M.D.  
629 LIGHTHOUSE WAY  
SANIBEL, FL 33957 US

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

LOMANO, JACK M M.D.  
15644 CALOOSA CREEK CIRCLE  
FORT MYERS, FL 33908 US

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:**

07/02/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** LOMANO, JACK M M.D.  
**Address:** 15644 CALOOSA CREEK CIR  
**City-St-Zip:** FORT MYERS, FL 33908

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** JACK M LOMANO

MD

07/02/2004

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