


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000010930</b> 1. Entity Name <b>SOUTHWEST FLORIDA FOOD AND BEVERAGE, LLC</b>	
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Principal Place of Business <b>6440 METRO PLANTATION ROAD FORT MYERS, FL 33919 US</b>	Mailing Address <b>6440 METRO PLANTATION ROAD FORT MYERS, FL 33919 US</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>90-0016672</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GREEN, BRUCE D 1380 ROYAL PALM SQUARE BOULEVARD FORT MYERS, FL 33919</b>
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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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>U000000786615</b> <b>01/17/08-80048-003 138.75</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM COBB, GEORGE F 3590 KNOLLWOOD ROAD FORT MYERS, FL 33919</b>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **1-09-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #