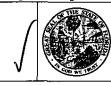
2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100006699

1. Entity Name

CITY-ST-ZIP

S.W. FLORIDA LAND ONE, L.L.C.



Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90611 005 ****50.00

860 COLLEGE STE 160 FORT MYERS 2. Principal F 6150 Di Suite, Apt, Bldg. 1 City & Stat Fort My	FL 33919 Place of Busin, amond C #, etc. 300	ess Centre Court	Mailing Address 8680 COLLEGE PKWY STE 160 FORT MYERS FL 33919 3. Mailing Address 6150 Diamond Centre Court Suite, Apt. #, etc. Bldg. 1300 City & State Fort Myers, FL			rt	CHECK HERE IF MAKING CHANGES 4. FEI Number 65-1139057 Applied For Not Applicable						
Zip Country 33912 Lee			Zip 33912	у		5. Certificate of Status Desired S5.00 Additional Fee Required							
	6. Name	and Address of Current R		Lee	<u> </u>		7. Name ar	nd Address	of New Re				
GRAVINA, PETER J 1833 HENDRY ST. FT MYERS FL 33901 8. The above named entity submits this statement for the purpose of changing its register.						Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code							
	ions of registe						ed agent, or b	oth, in the S	tate of Flori	DATE	emiliar with,	and accept	
			FILE NO Make Check Payabi Due		rida Dep	partmen	it of State						
9.	MOD	MANAGING MEMBER					AD	DITIONS/C		W-			
NAME STREET ADDRESS CITY-ST-ZIP		JANET E LEGE PKWY STE 160 ERS FL 33919	☐ Delete	TITLE NAME STREET CITY-S	Adoress IT-Zip		Diamono Myers,				K Change dg. 13	☐ Addition 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	Address T-Zip						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	_					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete ,	TITLE NAME STREET CITY-S	Address T-zip	_					Change	Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET	ADDRESS						☐ Change	Addition	

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.

DEGaneRE DAllison, Manager