

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Mar 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000008943**

1. Entity Name

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



Principal Place of Business

6150 DIAMOND CENTRE COURT  
BLDG 1300  
FORT MYERS FL 33912  
US

Mailing Address

6150 DIAMOND CENTRE COURT  
BLDG 1300  
FORT MYERS FL 33912  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

65-1139052

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRAVINA, PETER J  
1833 HENDRY ST.  
FT MYERS FL 33901

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR  
NAME: ALLISON, JANET E  
STREET ADDRESS: 6150 DIAMOND CENTRE CT., BLDG. 1300  
CITY-ST-ZIP: FORT MYERS FL 33912

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NAME:   
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10. ADDITIONS/CHANGES

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Change ☐ Addition

U00000073811  
03/02/04-80052-018 50.00

TITLE:   
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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:**

Janet E. Allison, Manager 2/27/04 239-489-4066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #