# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 30, 2012**
**Secretary of State**

DOCUMENT# L01000010817

**Entity Name:** SOUTHWEST FLORIDA WOMEN'S GROUP BUILDING COMPANY, L.L.C.

**Current Principal Place of Business:**

1890 SOUTHWEST HEALTH PKWY
303
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

1890 SOUTHWEST HEALTH PKWY
303
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number: 59-3728841** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

HUMPHREY, WENDY S
1890 SOUTHWEST HEALTH PKWY
303
NAPLES, FL 34109 US

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

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: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR
Name: HUMPHREY, WENDY MD
Address: 6553 RIDGEWOOD DR
City-St-Zip: NAPLES, FL 34108

Title: MGR
Name: BROTHERS, BETSY MD
Address: 478 HERON AVE
City-St-Zip: NAPLES, FL 34108

Title: MGR
Name: BEVINS, JENNIFER
Address: 1890 SOUTHWEST HEALTH PARKWAY STE 303
City-St-Zip: NAPLES, FL 34110

I hereby 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 Statues.

SIGNATURE: WENDY HUMPHREY MGR 04/30/2012

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