

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90611 002 ****50.00

0037457

DOCUMENT # L01000016304

1. Entity Name

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



Principal Place of Business

**8660 COLLEGE PKWY
SUITE 160
FORT MYERS FL 33919
US**

Mailing Address

**8660 COLLEGE PKWY
SUITE 160
FORT MYERS FL 33919
US**

2. Principal Place of Business

6150 Diamond Centre Court

3. Mailing Address

6150 Diamond Centre Court

Suite, Apt. #, etc.

Bldg. 1300

Suite, Apt. #, etc.

Bldg. 1300

City & State

Fort Myers, FL

City & State

Fort Myers, FL

4. FEI Number

65-1140288

Applied For

Not Applicable

Zip

33912

Country

Lee

Zip

33912

Country

Lee

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRAVINA, PETER J
1833 HENDRY STREET
FORT 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, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **ALLISON, JANET E**
STREET ADDRESS **8660 COLLEGE PKWY SUITE 160**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6150 Diamond Centre Court, Bldg. 1300**
CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: SIGNATURE REQUIRED Allison, Manager 4/6/03 239-489-4066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)