

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000022587

FILED
Aug 01, 2003
Secretary of State

Entity Name: SOUTHWEST FLORIDA INVESTMENTS, LLC

Current Principal Place of Business:

615A 92ND AVE N
NAPLES, FL 34108 US

New Principal Place of Business:

5435 WORTHINGTON LANE
APT 201
NAPLES, FL 34110 US

Current Mailing Address:

615A 92ND AVE N
NAPLES, FL 34108 US

New Mailing Address:

5435 WORTHINGTON LANE
APT 201
NAPLES, FL 34110 US

FEI Number: 75-3048389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAFFERTY, ALAN B
615A 92ND AVE N
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

LAFFERTY, ALAN B
5435 WORTHINGTON LANE
APT 201
NAPLES, FL 34110 US

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:

08/01/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LAFFERTY, ALAN B
Address: 615A 92ND AVE N
City-St-Zip: NAPLES, FL 34108 US

Title: MGRM () Delete
Name: LAFFERTY, WARREN S
Address: 4611 KNOLL VIEW WAY
City-St-Zip: ROGERS, AR 72758 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LAFFERTY, ALAN B
Address: 5435 WORTHINGTON LANE APT 201
City-St-Zip: NAPLES, FL 34110 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 Statutes.

SIGNATURE: ALAN B LAFFERTY

MGRM

08/01/2003

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