


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000000530</b>	
1. Entity Name S & S OF SOUTHWEST FLORIDA, LLC	

Principal Place of Business 6400 TECHSTER BOULEVARD FORT MYERS, FL 33912	Mailing Address 6400 TECHSTER BOULEVARD FORT MYERS, FL 33912
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01062005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0626872	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

COSTELLO, TRUMAN J ESQUIRE  
BRITTANY PROFESSIONAL CENTER  
12670 NEW BRITTANY BLVD., SUITE 101  
FORT MYERS, FL 33907

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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARINO, STEVEN L 6400 TECHSTER BLVD. FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARINO, SHARON L 5804 CRUISER WAY TAMPA, FL 33615
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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:** 

Date: 3/31/05 Daytime Phone: 239-433-3344

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