

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90277 047 ****50.00

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DOCUMENT # L02000000735 1. Entity Name S&W PROPERTY INVESTMENTS, LLC					
Principal Place of Business 2499 GLADES ROAD, SUITE 112 BOCA RATON, FL 33431			Mailing Address 2499 GLADES ROAD, SUITE 112 BOCA RATON, FL 33431		
2. Principal Place of Business 2200 NW CORPORATE BLVD SUITE 401		3. Mailing Address 2200 NW CORPORATE BLVD SUITE 401			
Suite, Apt. #, etc. SUITE 401		Suite, Apt. #, etc. SUITE 401			
City & State BOCA RATON, FL		City & State BOCA RATON, FL			
Zip 33431		Country USA		Zip 33431	
Country USA		4. FEI Number 26-0007953			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCHILIAN, GERALD ESQ. 2499 GLADES ROAD, SUITE 112 BOCA RATON, FL 33431					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2200 NW CORPORATE BLVD SUITE 401 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM SCHILIAN, GERALD 1334 AVOCADO ISLE FORT LAUDERDALE, FL 33315 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: GERALD SCHILIAN 4/1/05 561-994-8844 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					