

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

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

04-07-2003 90611 001 ****50.00

DOCUMENT # L02000002233

1. Entity Name

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



Principal Place of Business

**8660 COLLEGE PKWY., STE. 160
FORT MYERS FL 33919**

Mailing Address

**8660 COLLEGE PKWY., STE. 160
FORT MYERS FL 33919**

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

42-1528687

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

**ALLISON, JANET E
8660 COLLEGE PKWY., STE. 160
FORT MYERS FL 33919**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6150 Diamond Centre Court, Bldg. 1300

City

Fort Myers

FL

Zip Code
33912

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 **THIBAUT, RANDY**
STREET ADDRESS **8660 COLLEGE PKWY., STE. 160**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

☒ Change ☐ Addition
TITLE
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

TITLE ☐ Change ☐ Addition
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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** **Randy Thibaut, Manager** **4/1/03 239-489-4066**

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

Date

Daytime Phone #

CR2E083 (10/02)