

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

04-21-2003 90130 019 ****50.00

DOCUMENT # L02000009234 1. Entity Name SWRS INVESTMENT GROUP LLC			
Principal Place of Business 1660 MATTHEW DRIVE, SUITE G FORT MYERS FL 33907		Mailing Address 1660 MATTHEW DRIVE, SUITE G FORT MYERS FL 33907	
2. Principal Place of Business 5244 CLAYTON COURT Suite, Apt. #, etc.		3. Mailing Address 5244 CLAYTON COURT Suite, Apt. #, etc.	
City & State Fort Myers Florida Zip 33907 Country LEE		City & State Fort Myers Florida Zip 33907 Country LEE	
4. FEI Number 27-0064542		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODS, SHARON L 1660 MATTHEW DRIVE, SUITE G FORT MYERS FL 33907		7. Name and Address of New Registered Agent Name SHARON L. WOODS Street Address (P.O. Box Number is Not Acceptable) 5244 CLAYTON COURT City Fort Myers FL Zip Code 33907	
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 X Sharon L Woods DATE 4-18-03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
B. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MANAGER SHARON L. WOODS 5244 CLAYTON COURT FORT MYERS FLORIDA 33907	<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: Sharon L Woods <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4-18-03 Daytime Phone # 239-939-3005	

55056310

☒ CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)