


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 27, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # L02000010057</b> 1. Entity Name SOUTHWEST 1-95, LLC	
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Principal Place of Business 444 SEABREEZE BLVD, STE 1000 DAYTONA BEACH, FL 32118	Mailing Address 444 SEABREEZE BLVD, STE 1000 DAYTONA BEACH, FL 32118
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01182007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0685052	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  LICHTIGMAN, CHARLES S 444 SEABREEZE BLVD SUITE 1000 DAYTONA BEACH, FL 32118
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**DO NOT WRITE  
IN THIS SPACE**

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 reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000738176  
05/11/07-80049-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLUB, PAUL F JR 675 N BEACH STREET ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LICHTIGMAN, CHARLES S 444 SEABREEZE BLVD, STE 1000 DAYTONA BEACH, FL 32118
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Charles S. Lichtigman **4/25/07 386-238-3600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #