2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000010057

1. Entity Name
SOUTHWEST 1-95, LLC

Principal Place of Business	Mailing Address
444 SEABREEZE BLVD, STE 1000 DAYTONA BEACH, FL 32118	444 SEABREEZE BLVD, STE 1000 DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE

02212008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
01-0685052

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LICHTIGMAM, CHARLES S
444 SEABREEZE BLVD
SUITE 1000
DAYTONA BEACH, FL 32118

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HOLUB, PAUL F JR
STREET ADDRESS	675 N BEACH STREET
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	MGRM
NAME	LICHTIGMAN, CHARLES S
STREET ADDRESS	444 SEABREEZE BLVD, STE 1000
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000917079
05/13/09-80026-010 138.75

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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: C S Lichtigman 4/18/08 386-238-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #