


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000011254 1. Entity Name GROWTH FACTOR OF SW FLORIDA, LLC	
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Principal Place of Business 3613 DEL PRADO BLVD. CAPE CORAL, FL 33904	Mailing Address PO BOX 101526 CAPE CORAL, FL 33910-1526
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DO NOT WRITE IN THIS SPACE



04262005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 56-2422973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HAYWOOD, STEPHEN W 3613 DEL PRADO BLVD. CAPE CORAL, FL 33904

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KEIBLING, ANDREAS 2516 ELDORADO PKWY W. CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIKABONYI, AUDREY 2516 ELDORADO PKWY W CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAYWOOD, STEPHEN W 3613 DEL PRADO BLVD. CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANSSON, ANDERS 3613 DEL PRADO BLVD. CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANSSON, LARS 3613 DEL PRADO BLVD. CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000350040 05/02/05-80090-003 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  **4/25/05** **239 945-7968**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #