


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90149 005 ****50.00

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



01122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2422973	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HAYWOOD, STEPHEN W 3613 DEL PRADO BLVD. CAPE CORAL, FL 33904

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

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

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	

DO NOT WRITE 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:

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

Date

Daytime Phone #

mmember 1/19/06 (239) 945-1949