


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 NOV -4 PM 4:09

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000016348	
1. Entity Name SWFLSP, L.L.C.	

Principal Place of Business 4435 S.E. 20TH PLACE CAPE CORAL, FL 33904	Mailing Address 4435 S.E. 20TH PLACE CAPE CORAL, FL 33904
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



10152004 REIN-LLC CR2E101 (6/04)

6. Name and Address of Current Registered Agent NICHOLS, JAMES LARRY ESQ 8191 COLLEGE PKWY., #204 FORT MYERS, FL 33919	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *James Larry Nichols* DATE *10-15-04*

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

FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PANUS, EDWARD J 4435 S.E. 20TH PLACE CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700042473787 11/04/04--01030--010 **50.00
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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.

Edward J. Panus
SIGNATURE: **Edward J. Panus, Managing Member** Date *Nov. 1, 2004* Daytime Phone # *6076932867*

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