

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90135 007 ****50.00

DOCUMENT # L02000018292

1. Entity Name
S.W. FLORIDA LAND 411, L.L.C.



Principal Place of Business
11220-27 METRO PKWY
FORT MYERS, FL 33912

Mailing Address
11220-27 METRO PKWY
FORT MYERS, FL 33912

20021894



2. Principal Place of Business
6150 Diamond Centre Court
Suite, Apt. #, etc.
Bldg. 1300
City & State
Fort Myers, FL 33912
Zip
33912
Country
Lee

3. Mailing Address
6150 Diamond Centre Court
Suite, Apt. #, etc.
Bldg. 1300
City & State
Fort Myers, FL 33912
Zip
33912
Country
Lee

02242005 Chg-LLC CR2E083 (10/03)

4. FEI Number
37-1436610
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOLANOS TRUXTON, P.A.
12800 UNIVERSITY DRIVE, SUITE 340
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name
Janet E. Allison
Street Address (P.O. Box Number is Not Acceptable)
6150 Diamond Centre Court, Bldg. 1300
City
Fort Myers
FL
Zip Code
33912

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 *Janet E. Allison* Janet E. Allison 3/2/2005
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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
THIBAUT, RANDY
6150 DIAMOND CENTRE CT BLDG 1300
FORT MYERS, FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
KERVER, W. MICHAEL
11220-27 METRO PKWY
FORT MYERS, FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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: *Randy Thibaut* Randy Thibaut, Manager 3/2/2005 239-489-4066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #