

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90004 044 \*\*\*\*50.00

**DOCUMENT # L02000018292**

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



Principal Place of Business  
**8660 COLLEGE PARKWAY, SUITE 160  
FORT MYERS FL 33919**

Mailing Address  
**8660 COLLEGE PARKWAY, SUITE 160  
FORT MYERS FL 33919**

2. Principal Place of Business  
**11220-27 Metro Parkway**

3. Mailing Address  
**11220-27 Metro Parkway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Fort Myers, FL**

City & State  
**Fort Myers, FL**

4. FEI Number  
**37-1436610**

Applied For  
Not Applicable

Zip  
**33912**

Country  
**Lee**

Zip  
**33912**

Country  
**Lee**

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

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS / MANAGERS**

TITLE **MGR** ☐ Delete  
NAME **THIBAUT, RANDY**  
STREET ADDRESS **8660 COLLEGE PARKWAY, SUITE 160**  
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS / CHANGES**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **6150 Diamond Centre Court, Bldg. 1300**  
CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE ☐ Change ☒ Addition  
NAME **W. Michael Kerver**  
STREET ADDRESS **11220-27 Metro Parkway**  
CITY-ST-ZIP **Fort Myers, FL 33912**

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

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

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

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

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:** **W. Michael Kerver, V.P.**

239-939-9996

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

Date

Daytime Phone #

CR2E083 (10/02)