




FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90063 022 ****55.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000033312			
1. Entity Name INVESTMENT BUILDERS OF SOUTHWEST FLORIDA, LLC			
Principal Place of Business 13240 N. CLEVELAND AVENUE NORTH FORT MYERS, FL 33903		Mailing Address 13240 N. CLEVELAND AVENUE NORTH FORT MYERS, FL 33903	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BILL, MICHAEL B SHEPPARD, BRETT, STEWART, HERSCH, & KINSEY 9100 COLLEGE POINTE COURT FORT MYERS, FL 33919		Name Hill, Michael B. Street Address (P.O. Box Number is Not Acceptable) Sheppard, Brett, Stewart, Hersch & Kinsey 9100 College Pointe Court Fort Myers FL 33919	
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 resigning) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INVESTMENT BUILDERS, LLC 13240 N. CLEVELAND AVENUE NORTH FORT MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Barry E. Frey	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	