


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90352 029 ****55.00

DOCUMENT # L03000000280 1. Entity Name SW COAST PROPERTIES, LLC	
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Principal Place of Business 18200 OLD PELICAN BAY DRIVE FORT MYERS BEACH, FL 33931	Mailing Address 18200 OLD PELICAN BAY DRIVE FORT MYERS BEACH, FL 33931
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DO NOT WRITE IN THIS SPACE

03052007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
56-2312380

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

HALL, JONI
18200 OLD PELICAN BAY DRIVE
FORT MYERS BEACH, FL 33931

**DO NOT WRITE
IN THIS SPACE**

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.

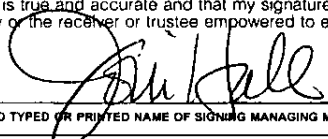
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HALL, CHRISTOPHER W MR. 18200 OLD PELICAN BAY DRIVE FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HALL, JONI Q MS. 18200 OLD PELICAN BAY DRIVE FORT MYERS BEACH, FL 33931
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**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 #