

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001080

FILED  
Apr 28, 2007  
Secretary of State

**Entity Name:** ADMINISTRATIVE SERVICES OF SOUTHWEST FLORIDA, LLC

**Current Principal Place of Business:**

2219 RIVER RIDGE BOULEVARD S.E.  
FORT MYERS, FL 33905

**New Principal Place of Business:**

2219 RIVER RIDGE BOULEVARD  
FORT MYERS, FL 33905

**Current Mailing Address:**

P.O. BOX 2019  
ALVA, FL 33920

**New Mailing Address:**

FEI Number: 03-0508882

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GLENN, LAURA L  
2219 RIVER RIDGE BOULEVARD S.E.  
FORT MYERS, FL 33905 US

**Name and Address of New Registered Agent:**

GLENN, LAURA L  
2219 RIVER RIDGE BOULEVARD  
FORT MYERS, FL 33905 US

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.

SIGNATURE:

04/28/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GLENN, LAURA L  
Address: 2219 RIVER RIDGE BOULEVARD  
City-St-Zip: FORT MYERS, FL 33905

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAURA L. GLENN

MGRM

04/28/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date