#### 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mailing Address

2180 W FIRST STREET, SUITE 212

FORT MYERS, FL 33901

DOCUMENT # L03000012555 1. Entity Name SOUTHWEST GROUP, LLC



# **FILED** Apr 23, 2007 08:00 A Secretary of State



DATE

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FISHER, DONALD B 2180 W FIRST STREET, SUITE 212 FORT MYERS, FL 33901

#### 01092007 No Chg-LLC

CR2E083 (11/05) Applied For

4. FEI Number 35-2212238 

5. Certificate of Status Desired

| <b>Ъ</b> Э. | UU  | Add  | litiona |
|-------------|-----|------|---------|
| Fee         | Req | uire | d       |

Not Applicable

## **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 |   | <br>_ |
|-----------|---|-------|
|           | ~ |       |

Principal Place of Business

FORT MYERS, FL 33901

2180 W FIRST STREET, SUITE 212

| signature, typed or printed name or registered agent and the intopication. |  | (NOTE, Helistered Agent signature required when remataning) |   |  |
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### Filing Fee is \$50.00 Due by May 1, 2007

| 9.   | MANAGING MEMBERS/MANAGERS   |  |  |
|--|---|--|--|
| TITLE  | MGRM  |  |  |
| NAME   | FISHER, DONALD B  |  |  |
| STREET ADDRESS   | 2180 W FIRST STREET, SUITE 212  |  |  |
| CITY-ST-ZIP  | FORT MYERS, FL 33901  |  |  |
| INTE   |   |  |  |
| NAME   |   |  |  |
| STREET ADDRESS   |   |  |  |
| CITY-ST-ZIP  |   |  |  |
| TITLE  |   |  |  |
| NAME   |   |  |  |
| STREET ADDRESS   |   | DO NOT WRITE   |  |
| CITY-ST-ZIP  |   | DO NOT WARTE   |  |
| TALE   |   | IN THIS SPACE  |  |
| NAME   |   |  |  |
| STREET ADDRESS   |   |  |  |
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| ШF   |   |  |  |
| NAME   |   | 1. 1.0° view in the second |  |
| STREET ADDRESS   |   | U00000724227   |  |
| CITY-ST-ZIP  |   | 05/02/07-80103-010 50.00   |  |
| TITLE  |   |  |  |
| NAME   |   |  |  |
| STREET ADDRESS   |   |  |  |
| CITY-ST-ZIP  |   |  |  |
| 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. |   |  |  |
|  | 11 al a   |  |  |
| SIGNAT   | URE: Monaly 10. fisher  | 4-20-2007 237-334-3334   |  |
|  | SIGNATURE ARD TYPED OR PRINTED NAME OF SKONING MANAGING MEMBER OR AUTHORIZE | DEDRERENTATIVE Data Davime Phone #   |  |