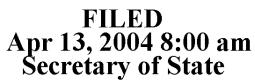
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT CUMENT # L03000014304

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



DOCUMENT # L03000014304 1. Entity Name SOUTHWESTERN PROPERTIES, LLC							04-13-2004	1 90329 0	05 ****:	50.00
Principal Plac PO BOX 433 FORT PIERCE	32	✓	Mailing Address PO BOX 4332 FORT PIERCE, FL 34948							
2. Principal P	Place of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02102004	Chg-LLC	CR2E08	3 (10/03)	
City & State			City & State			4. FEI Numbe 57-117			- 	oplied For ot Applicable
Zip	Country		Zip	Zip Countr		5. Certificate	of Status Desired		5.00 Add ee Require	
	6. Name	and Address of Current F	7. Name and Address of New Registered Agent Name							
FEE, FRANK H III ESQ 401 SOUTH INDIAN RIVER DR.					Street Address (P.O. Box Number is Not Acceptable)					
FT PIERCE, FL 34950										
					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										
	iling Fee i ue by Ma			i company	Florida	e check pay Departmen				
9. TITLE	Partn	MANAGING MEMBER					ADDITIONS/			El sagges
NAME STREET ADDRESS CITY-ST-ZIP	NICK T	- Stewart Indrio Rd cce, FL 3494						·	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pantn Joseph 451/ 5		☐ Delete					[Change	☐ Addition
TITLE	Partn	er a	☐ Delete	TITLE	:			[Change	Addition
STREET ADDRESS	13939	Indrio Rd erce, FL 3494	-	\$TRE	ET ADDRESS -ST-ZIP			•	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12. 7	erce, rc 314	☐ Delete	TITLE NAM STRE		· ;		I	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			,		(Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700 to 100 to 10		☐ Delete						☐ Change	Addition
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.										

Date

Daytime Phone #