2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 28, 2005 08:00 AN Secretary of State

D	OCUMENT	#	L03000014304	
	Enter Name			

SOUTHWESTERN PROPERTIES, LLC



Principal Place of Business

PO BOX 4332 FORT PIERCE, FL 34948 Mailing Address

PO BOX 4332

FORT PIERCE, FL 34948



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02172005 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For 57-1171149 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

FEE, FRANK HIII ESQ 401 SOUTH INDIAN RIVER DR. FT PIERCE, FL 34950

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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, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STEWART, NICK T 13575 INDRIO RD FORT PIERCE, FL 34945	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEALE, JOSEPH E JR 4511 SW 8TH LANE FORT PIERCE, FL 34945	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RANCH, BROWN 13939 INDRIO RD FORT PIERCE, FL 34945	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY STIZIP		
title Name Street address		

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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.

SIGNATURE:

CITY-SI-ZIP

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