

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016102

Entity Name: SWPV II INVESTMENTS, LLC

FILED  
Feb 16, 2011  
Secretary of State

**Current Principal Place of Business:**

810 FENTRESS COURT  
SUITE 130  
DAYTONA BEACH, FL 32117

**New Principal Place of Business:**

**Current Mailing Address:**

810 FENTRESS COURT  
SUITE 130  
DAYTONA BEACH, FL 32117

**New Mailing Address:**

FEI Number: 31-1819153

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRIEBIS, DANIEL S  
3890 TURTLE CREEK DRIVE, SUITE B-1  
PORT ORANGE, FL 32127 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CURTIS, W. TIMOTHY  
Address: 8 BROAD CREEK CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM  
Name: LARGE, ROB  
Address: 130 RIVER BLUFF  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM  
Name: GATOR PARKS, LLC  
Address: 410 JOHN ANDERSON DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGRM  
Name: KAILIN, BARRY  
Address: 100 JOHN ANDERSON DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGRM  
Name: HALL, VALERIE C  
Address: 501 OYSTER BAY DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM  
Name: WILLIS, GEORGE  
Address: 23 TOMOKA COVE WAY  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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: W TIMOTHY CURTIS

MGRM

02/16/2011

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