2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000021976

1. Entity Name SOUTHWEST COUNTY, LLC



FILED
Jan 10, 2006 08:00 AM
Secretary of State

Principal Place of Business
437 GARDEN CREEK PLACE
DANVILLE, CA 94526 US

Mailing Address PO BOX 7714

PASADENA, TX 77508 US



01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0048137

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

DO NOT WRITE IN THIS SPACE

 The above named entity submits this statement for the purpose of chithe obligations of registered agent. 	anging its registered office or registered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and fille if applicable	BOTT DOWN AS A SECOND OF THE S	
Signature, typed or printed that is of registered agent and lide it appricable.	(NOTE, Registered Agent signature required when reinstating)	DATE

Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRAMER, MATTHEW C P.O. BOX 7714 PASADENA, TX 77508 MGRM
NAME	ARZOLA-KRAMER, ALMA L P.O. BOX 7714 PASADENA, TX 77508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Title Name Street address City-St-Zip	

1100000381387 01/11/06-80050-025 50.00

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE:

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

MATCHEW C. KRAMER

16/06

28 | 3 | 4 3 3 3 7

Daytime Phone *