


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90416 003 ****50.00

DOCUMENT # L03000050156 1. Entity Name FLOOD INVESTMENT GROUP OF S.W. FLORIDA, LLC					
Principal Place of Business 125 NORTH AIRPORT ROAD STE. 202 NAPLES, FL			Mailing Address 125 NORTH AIRPORT ROAD STE. 202 NAPLES, FL		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FLOOD, PETER T 125 NORTH AIRPORT ROAD STE. 202 NAPLES, FL			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	MGRM	
STREET ADDRESS			STREET ADDRESS	Thomas D. Flood	
CITY-ST-ZIP			CITY-ST-ZIP	125 N Airport # 202	
				NAPLES FL 34104	
TITLE			TITLE	MGR	
NAME			NAME	Peter T Flood	
STREET ADDRESS			STREET ADDRESS	125 N Airport # 202	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES FL 34104	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Thomas D. Flood</u>			4-12-04 239-263-2127		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		