FILED
Feb 28, 2005 8:00 am
Secretary of State
01-24-2005 90105 002 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000002668

1. Entity Name
SW FLORIDA DEVELOPMENT, LLC

30000718

Principal Place of Business	Mailing Address
601 EAST TOWNBANK ROAD CAPE MAY, NJ 08204	P.O. BOX 2402 CAPE MAY, NJ 08204

01042005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
809 AMAZON CT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MARCO ISLAND, FL		City & State	
Zip: 34145	Country: USA	Zip	Country

4. FEI Number: 20-0577529 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MUNDIE, FRED W JR
993 N. COLLIER BLVD.
MARCO ISLAND, FL 34145

7. Name and Address of New Registered Agent

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGRM	☑ Change ☐ Addition
NAME	HANSON, JAMES M		NAME	Hanson, James M.	
STREET ADDRESS	P.O. BOX 2402		STREET ADDRESS	809 AMAZON CT	
CITY-ST-ZIP	CAPE MAY, NJ 08204		CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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: [signature] JAMES M. HANSON 1-19-05 609-884-9185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #