

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017635

Entity Name: SW FLORIDA ENGINEERS, LLC

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

27499 RIVERVIEW CENTER BLVD, STE 220
BONITA SPRINGS, FL 341344313

New Principal Place of Business:

Current Mailing Address:

27499 RIVERVIEW CENTER BLVD, STE 220
BONITA SPRINGS, FL 341344313

New Mailing Address:

FEI Number: 20-0865322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEELEY, PETER L
GRANT, FRIDKIN, ET AL
5551 RIDGEWOOD DRIVE, STE. 501
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

ETELAMAKI, SHEILA J
27499 RIVERVIEW CENTER BLVD, STE220
BONITA SPRINGS, FL 34134 US

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: SHEILA J ETELAMAKI

04/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ETELAMAKI, MICHAEL A
Address: 4120 BAYHEAD DR, #301
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM () Delete
Name: ETELAMAKI, SHEILA J
Address: 4120 BAYHEAD DR, #301
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHEILA J ETELAMAKI

MGRM

04/28/2005

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