FILED
Apr 16, 2008 8:00 am
Secretary of State
04-16-2008 90119 019 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000021377

1. Entity Name
SW FLORIDA INVESTMENTS LLC

Principal Place of Business	Mailing Address
10620 HABITAT TRAIL BOKEELIA, FL 33922	P.O. BOX 254 MATLACHA, FL 33993

50003825

04112008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2620853
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, VIRGINIA A
10620 HABITAT TRAIL
BOKEELIA, FL 33922

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SMITH, VIRGINIA A
STREET ADDRESS	10620 HABITAT TRAIL
CITY-ST-ZIP	BOKEELIA, FL 33922
TITLE	MGRM
NAME	SMITH, MICHAEL G
STREET ADDRESS	10620 HABITAT TRAIL
CITY-ST-ZIP	BOKEELIA, FL 33922
TITLE	MGRM
NAME	DONOVAN, CHRISTINE M
STREET ADDRESS	5293 UMBRELLA POOL ROAD
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	MGRM
NAME	DONOVAN, ROBERT S
STREET ADDRESS	5273 UMBRELLA POOL ROAD
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Virginia A Smith 4/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #