

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021377

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: SW FLORIDA INVESTMENTS LLC

**Current Principal Place of Business:**

10620 HABITAT TRAIL  
BOKEELIA, FL 33922

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 254  
MATLACHA, FL 33993

**New Mailing Address:**

FEI Number: 56-2620853

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, VIRGINIA A  
10620 HABITAT TRAIL  
BOKEELIA, FL 33922 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SMITH, VIRGINIA A  
Address: 10620 HABITAT TRAIL  
City-St-Zip: BOKEELIA, FL 33922

Title: MGRM ( ) Delete  
Name: SMITH, MICHAEL G  
Address: 10620 HABITAT TRAIL  
City-St-Zip: BOKEELIA, FL 33922

Title: MGRM (X) Delete  
Name: DONOVAN, CHRISTINE M  
Address: 5293 UMBRELLA POOL ROAD  
City-St-Zip: SANIBEL, FL 33957

Title: MGRM (X) Delete  
Name: DONOVAN, ROBERT S  
Address: 5273 UMBRELLA POOL ROAD  
City-St-Zip: SANIBEL, FL 33957

**ADDITIONS/CHANGES:**

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

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

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 exemption stated in Chapter 119, 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: VIRGINIA A SMITH

MGRM

04/27/2009

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