

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022622

FILED  
Jan 11, 2006  
Secretary of State

**Entity Name:** SOUTHWEST FLORIDA APARTMENT ADVISORS LLC

**Current Principal Place of Business:**

27499 RIVERVIEW CENTER BLVD  
SUITE 114  
BONITA SPRINGS, FL 34134 US

**New Principal Place of Business:**

P.O. BOX 11745  
NAPLES, FL 34101 US

**Current Mailing Address:**

P.O. BOX 366369  
BONITA SPRINGS, FL 34136 US

**New Mailing Address:**

P.O. BOX 11745  
NAPLES, FL 34101 US

**FEI Number:** 74-3124288

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, TYLER J  
682 RUDDER RD.  
NAPLES, FL 34102 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, TYLER J  
Address: 27499 RIVERVIEW CENTER BLVD, STE 114  
City-St-Zip: BONITA SPRINGS, FL 34134 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SMITH, TYLER J  
Address: P.O. BOX 11745  
City-St-Zip: NAPLES, FL 34101 US

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

MGRM

01/11/2006

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