


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90027 036 ****50.00

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|--|---|--|--|--|--|
| DOCUMENT # L04000036842 1. Entity Name LOFTON SOUTHWEST COMMERCIAL DEVELOPMENT, LLC | | | |  | |
| Principal Place of Business 1325 ATLANTIC AVENUE FERNANDINA BEACH, FL 32034 | | | Mailing Address PO BOX 706 FERNANDINA BEACH, FL 32035 | | |
| 2. Principal Place of Business - No P.O. Box # 1890 S. 14th St. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| Suite, Apt. #, etc. Suite 200 | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 80-0129290 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TREVETT, HARRY R 1325 ATLANTIC AVENUE FERNANDINA BEACH, FL 32034 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1890 S. 14th St. Suite 200 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by: May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MOCK, WILLIAM J 1325 ATLANTIC AVENUE FERNANDINA BEACH, FL 32034 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1890 S. 14th St. Suite 200 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1890 S. 14th St. Suite 200 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1890 S. 14th St. Suite 200 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | 4/24/07 904-261-8822 <small>Date Daytime Phone #</small> | | |