


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90193 035 *****50.00

DOCUMENT # L04000041185	
1. Entity Name SOUTHWEST RANCHES INVESTMENTS, LLC	

Principal Place of Business 6021 SW 185TH WAY SOUTHWEST RANCHES FL 33332-1479	Mailing Address P.O. BOX 267938 WESTON FL 33326-7938
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. BOX 267938
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State WESTON, FLORIDA
Zip	Country USA
Country	Zip 33326-7938

1st MOORE CR2E083 (10/06)

4. FEI Number 20-1221759	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent ARZOLA, KATRINA A 15254 SW 38TH STREET DAVIE FL 33331	
7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): 62 INDIAN TRACE, SUITE 200 City: WESTON FL Zip Code: 33326-4551	

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 KATRINA A. ARZOLA KATRINA A. ARZOLA 02/08/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARZOLA, KATRINA A 15254 SW 38TH STREET DAVIE FL 33331-2754 <input type="checkbox"/> Delete CHANGE ADDRESS TO	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME ↑ SAME ↑ 62 INDIAN TRACE, SUITE #200 WESTON, FL 33326-4551 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: KATRINA A. ARZOLA KATRINA A. ARZOLA 02/08/07 (954) 646-9777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #