

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041692

FILED  
Mar 06, 2007  
Secretary of State

Entity Name: E & M PROPERTIES OF SOUTHWEST FLORIDA, LLC

## Current Principal Place of Business:

6150 DIAMOND CENTRE CT.  
SUITE 1001  
FT. MYERS, FL 33912

## New Principal Place of Business:

## Current Mailing Address:

6150 DIAMOND CENTRE CT.  
SUITE 1001  
FT. MYERS, FL 33912

## New Mailing Address:

FEI Number: 20-1219856

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLASP INC  
3001 TAMIAMI TRAIL NORTH, 4TH FLOOR  
NAPLES, FL 34103 US

## Name and Address of New Registered Agent:

ERSHOWSKY, STEVEN  
6150 DIAMOND CENTRE CT.  
SUITE 1001  
FORT MYERS, FL 33912 US

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: STEVEN ERSHOWSKY

03/06/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ERSHOWSKY, STEVEN  
Address: 19530 DEVONWOOD CIRCLE  
City-St-Zip: FT. MYERS, FL 33912

Title: MGR ( ) Delete  
Name: MCDONALD, WALTER  
Address: 6553 HIGHLAND PINES CIRCLE  
City-St-Zip: FT. MYERS, FL 33912

## ADDITIONS/CHANGES:

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 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: STEVEN ERSHOWSKY

MGR

03/06/2007

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