

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000042182

FILED
Sep 29, 2005
Secretary of State

Entity Name: SW FLORIDA REALTY NETWORK, LLC

Current Principal Place of Business:

15260 NORTH PEBBLE LANE
FT. MYERS, FL 33912

New Principal Place of Business:

8981 DANIELS CENTER DRIVE
SUITE 201
FT. MYERS, FL 33912

Current Mailing Address:

15260 NORTH PEBBLE LANE
FT. MYERS, FL 33912

New Mailing Address:

8981 DANIELS CENTER DRIVE
SUITE 201
FT. MYERS, FL 33912

FEI Number: 20-1538663 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JURSINSKI, KEVIN F ESQ.
7800 UNIVERSITY POINTE DRIVE
SUITE 200
FT. MYERS, FL 33907 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: KEVIN F JURINSKI, ESQ.

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES () Change (X) Addition
Name: WALKER, BURR H
Address: 12031 BRAMBLE COVE
City-St-Zip: FORT MYERS, FL 33912

Title: VP () Change (X) Addition
Name: SZOLOS, GARY J
Address: 8790 NOTTINGHAM POINTE WAY
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BURR H WALKER

MGR

09/29/2005

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