## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000042744

1. Entity Name S & W LAND INVESTMENTS, LLC

SIGNATURE:



FILED Apr 23, 2007 8:00 am Secretary of State 04-23-2007 90365 048 \*\*\*\*50.00

SUITE 109 PORT SAINT LUCIE, FL 34953 PORT SAINT LUCIE, FL 34953  2. Principal Place of Business - No P.O. Box # 3. Mailing Address  Suite, Apl. #, etc.  Out 102007 Chg. LLC CR2E083 (12/06)  A. FEI Number 20-1512403  Accided For Mor Applicable 20-1512403  To Mary Applicable 20-1512403  S. Contificate of Status Desired   \$5.00 Accidence of Status Desired   \$7. Name and Address of New Registered Agant   \$7. Name and Add					المستنق					
PORT SAINT LUCIE, FL 34953 PORT ST. LUCIE, FL 34953 PORT ST. LUCIE, FL 34952 PORT ST. LUCI	698 SW POR		698 SW PORT ST LUCIE	698 SW PORT ST LUCIE BLVD		60038503				
Suite, Apt. 4, etc.    City & State   City & City & State   City & State   City & City & State   City & City & State   City & Cit										
City & State  Ci	2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address						
Zep Country Zep Country S. Contribute of Status Desired   \$5.00 Additional Fee Required   \$5.0	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04	102007	Chg-LLC	CR2E08	33 (12/06)	
Country   Country   S. Corrilicate of Status Deelred   \$5.00 Auditional Februaries   \$5.00 Auditional Februaries   \$6.00 Aud	City & State	θ	City & State	City & State						
Name	Zip	Country	Zip	Country						
VENNOS, ALEXANDER SOR SW PORT ST LUCIE SUITE 109 PORT SAINT LUCIE, FL 34953  City  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 familier with, and accept the obligations of registered agent. Sol only in the State of Florida. I am familier with, and accept the obligations of registered agent. Sol only in the State of Florida. I am familier with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familier with, and accept the state of Florida agent. I am familier with, and accept the familier with, and accept the state of Florida agent. I am familier with, and accept the state of Florida agent. I am familier with, and accept the state of Florida agent. I am familier with, and accept the familier with and accept the state of Florida agent. I am familier with, and accept the familier with and accept the familier with and accept the familier with ac		6. Name and Address of Curren	nt Registered Agent		7. 1	Name and	Address of New Ro	gistered A	gent -	
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code				Name						
City	698 SW P	ORT ST LUCIE		Street Address		(P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent.    Signature   Filling   Fee its   S. S.O.O.D.	PORT SAI	NT LUCIE, FL 34953		City			<u> </u>		Zin Cor	
the obligations of registered agent.    Signature   Filling   Fee is \$50.00	·			City				<u> </u>	Zip Coc	
P. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  ITTLE MGRM VENNOS, ALEXANDER NAME SIREF ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34952 CITY-ST-ZIP CITY-ST-ZI	the obligat	ions of registered agent.					h, in the State of Flor		amiliar with	, and accept
P. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  ITTLE MGRM VENNOS, ALEXANDER NAME SIREF ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34952 CITY-ST-ZIP CITY-ST-ZI		•								
TITLE MARK VENNOS, ALEXANDER NAME VENNOS, ALEXANDER TY10 S. US 1, SUITE 103A PORT ST. LUCIE, FL 34952  TITLE MARK MARE STREET ADDRESS CITY-ST-ZIP MARK MARE STREET ADDRESS CITY-ST-ZIP MARK MARE MARK MARK MARK MARK MARK MARK MARK MARK		ue by May 1, 2007						•	-	te
NAME STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34952    MGRM	9.	MANAGING MEMI	BERS/MANAGERS	10.		•				
STREET ADDRESS CITY-ST-2PP PORT ST. LUCIE, FL 34952  STREET ADDRESS CITY-ST-2PP	TITLE		☐ Delete	<b>I</b> IILE				11.5	Change	Addition
CITY-ST-ZIP PORT ST. LUCIE, FL 34952  TITLE MGRM BRESLAW, BRIAN 7410 S. US 1, SUITE 103A PORT ST. LUCIE, FL 34952  TITLE MGRM BRESLAW, BRIAN STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34952  TITLE MGRM DEATON, RONALD SIREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34952  TITLE MGRM DEATON, RONALD SIREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34952  TITLE MGRM DEATON, RONALD SIREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34952  TITLE MGRM SCHROEDER, TODD SIREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34952  TITLE MGRM SCHROEDER, TODD SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE, FL 34953  TITLE MGRM SCHROEDER, TODD SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP Delete SIREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP Delete SIREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP Delete SIREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME		· '					. Lucie Blvd. 🗡	FLEXA	INDE,	R N
NAME SIREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34952  TITLE MGRM BEATON, RONALD TA10 S. US 1, SUITE 103A PORT ST. LUCIE, FL 34952  TITLE MGRM BEATON, RONALD TA10 S. US 1, SUITE 103A PORT ST. LUCIE, FL 34952  TITLE MGRM SIREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34952  TITLE MGRM SCHROEDER, TODD SIREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34952  TITLE MAME SCHROEDER, TODD TA10 S. US 1, SUITE 103A PORT ST. LUCIE, FL 34952  TITLE MAME SCHROEDER, TODD TA10 S. US 1, SUITE 103A PORT ST. LUCIE, FL 34952  TITLE MAME SCHROEDER, TODD TA10 S. US 1, SUITE 103A PORT ST. LUCIE, FL 34952  TITLE MAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE MAME SIREE					Port S	t Lucie, F	L 34953			
STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34952  TITLE MGRM BEATON, RONALD STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34952  TITLE MGRM BEATON, RONALD STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34952  TITLE MGRM BEATON, RONALD STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34952  TITLE MGRM SCHROEDER, TODD STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34952  TITLE MGRM SCHROEDER, TODD STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAGE MAGE MAGE MAGRM MAGE MAGE MAGRM MAGE MAGRM MAGR			☐ Defete							☐ Addition
TITLE MGRM Delete Delet	-	· ·			BRES	LAW	698 SW P		cie Blvd.	
TITLE MGRM   Delete   TITLE MGRM   Delete   TITLE MGRM   Delete		· · · · · · · · · · · · · · · · · · ·				BRI	Port St.L.		1052	
NAME SIREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34952  TITLE MGRM SCHROEDER, TODD 7410 S. US 1, SUITE 103A PORT ST. LUCIE, FL 34952  TITLE MAME SCHROEDER, TODD 7410 S. US 1, SUITE 103A STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34952  TITLE MAME SCHROEDER, TODD 7410 S. US 1, SUITE 103A SIREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34952  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP			- Daw		44604		1010 30 20	de, i L J		- Addition
CITY-ST-ZIP PORT ST. LUCIE, FL 34952  CITY-ST-ZIP CHange Addition  MAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  111LE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Change Addition  MAME  STREET ADDRESS  CITY-ST-ZIP  111LE  STREET ADDRESS  CITY-ST-ZIP  111LE  Delete  TITLE  Delete  Delete  TITLE  Delete  Delete  TITLE  Delete  Delete  TITLE  Delete  Delete  Delete  TITLE  Delete  Delete  TITLE  Delete  D			Ve:Ble ليـ	•	MGKM		608 SW B	ort St. Lu		L. AOUIDON
TITLE MGRM Delete TITLE MGRM SCHROEDER, TODD STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34953  TITLE MGRM SCHROEDER, TODD STREET ADDRESS CITY-ST-ZIP SCHOOLS STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34952  TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS		1			BEHIS	DALAI.				
NAME SIREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34952  TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME S	CITY-ST-ZIP	PORT ST. LUCIE, FL 34952		CITY-ST-ZIP		CONTID	Port St Lu	icie, FL 34	1953	
NAME SIREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34952  TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME S	TITLE	MGRM	☐ Delete	TITLE	MGRN	$\overline{}$	<del></del>		Change	Addition
CITY-ST-ZIP PORT ST. LUCIE, FL 34952  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  Delete  TITLE  Delete  TITLE  Delete  Delete  TITLE  Delete  Delete  TITLE  Delete  Delete  TITLE  Delete  De	NAME	SCHROEDER, TODD		NAME	Schra	eder,	698 SW F	ort St. Lu	ıcie Blvd.	
TITLE    Delete   TITLE   Delete   TITLE   Change   Addition		i			30,110	Toda	Source Too			
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S	CITY-ST-ZIP	PORT ST. LUCIE, FL 34952		CITY-ST-ZIP			Port St Li	icie, FL 34	<del>1953</del>	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the information supplied with this filling 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 acclused another my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the			☐ Delete	1					☐ Change	Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  11. I hereby certify that the information supplied with this filling 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 acclused another my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the										
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  11. I hereby certify that the information supplied with this filling 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 acclused another my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the										
NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the information supplied with this filling 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 accused another my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the			☐ Delete		†				Channe	☐ Addition
CITY-ST-ZIP  11. I hereby certify that the information supplied with this filling 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 accused another my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the			La Delete	1	1		•		\$761190	
11. I hereby certify that the information supplied with this filling 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 acquest another my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the				1						
11. I hereby certify that the information supplied with this filling 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 another 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 received by his step employered to execute this report as required by Chapter 608. Florida Statutes.	CITY-ST-ZIP	<i> </i>	ı	CITY-ST-ZIP						
	11. I hereby of indicated limited list	certify that the information supplied on this report is true and accurate this information supplied to the receiver archive.	ith this filing does not qualify for not that my signature shall have tee ampowered to execute this	the exemptions of the same legal eff	ontained in Ch ect as if made by Chaoter 60	apter 119, under oath 8. Florida 9	Florida Statutes. I fu ; that I am a manag Statutes.	rther certify ing membe	that the inf r or manag	ormation er of the

E OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date