


2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90365 048 ****50.00

DOCUMENT # L04000042744 1. Entity Name S & W LAND INVESTMENTS, LLC					
Principal Place of Business 698 SW PORT ST LUCIE BLVD SUITE 109 PORT SAINT LUCIE, FL 34953			Mailing Address 698 SW PORT ST LUCIE BLVD SUITE 109 PORT SAINT LUCIE, FL 34953		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent VENNOS, ALEXANDER 698 SW PORT ST LUCIE SUITE 109 PORT SAINT LUCIE, FL 34953			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 VENNOS, ALEXANDER <input type="checkbox"/> Delete 7410 S. US 1, SUITE 103A PORT ST. LUCIE, FL 34952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VENNOS, ALEXANDER N <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 698 SW Port St. Lucie Blvd. Suite 109 Port St Lucie, FL 34953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRESLAW, BRIAN <input type="checkbox"/> Delete 7410 S. US 1, SUITE 103A PORT ST. LUCIE, FL 34952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRESLAW, BRIAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 698 SW Port St. Lucie Blvd. Suite 109 Port St Lucie, FL 34953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEATON, RONALD <input type="checkbox"/> Delete 7410 S. US 1, SUITE 103A PORT ST. LUCIE, FL 34952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEATON, RONALD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 698 SW Port St. Lucie Blvd. Suite 109 Port St Lucie, FL 34953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHROEDER, TODD <input type="checkbox"/> Delete 7410 S. US 1, SUITE 103A PORT ST. LUCIE, FL 34952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Schroeder, Todd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 698 SW Port St. Lucie Blvd. Suite 109 Port St Lucie, FL 34953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: _____			4.17.07 772-873-4525 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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04102007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1512403 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required