

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049647

FILED
Apr 03, 2007
Secretary of State

Entity Name: S.W. FLORIDA LAND 163, L.L.C.

Current Principal Place of Business:

6150 DIAMOND CENTRE COURT, BLDG. 1300
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

6150 DIAMOND CENTRE COURT, BLDG. 1300
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 16-1703144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLISON, JANET E
6150 DIAMOND CENTRE COURT, BLDG. 1300
FORT MYERS, FL 33912 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THIBAUT, RANDY E
Address: 6150 DIAMOND CENTRE COURT, BLDG. 1300
City-St-Zip: FORT MYERS, FL 33912

Title: V () Delete
Name: ALLISON, JANET E
Address: 6150 DIAMOND CENTRE COURT, BLDG. 1300
City-St-Zip: FORT MYERS, FL 33912

Title: V () Delete
Name: KERVER, W MICHAEL
Address: 6150 DIAMOND CENTRE COURT, BLDG. 1300
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RANDY THIBAUT

MGR

04/03/2007

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