

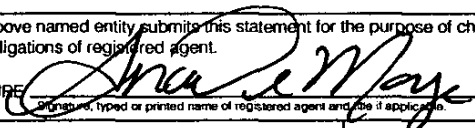
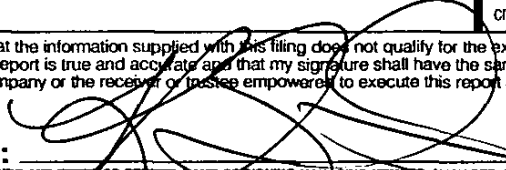


# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 OCT 11 AM 9:12

<b>DOCUMENT # L04000055848</b> 1. Entity Name <b>SW FLORIDA LAND GROUP, LLC</b>						
Principal Place of Business <b>1909 PICCADILLY CIRCLE CAPE CORAL, FL 33991 US</b>				Mailing Address <b>1909 PICCADILLY CIRCLE CAPE CORAL, FL 33991 US</b>		
2. Principal Place of Business <b>8721 Cajupit Lane</b> Suite, Apt. #, etc.		3. Mailing Address <b>8721 Cajupit Lane</b> Suite, Apt. #, etc.				
City & State <b>Ft. Myers FL 33919</b>		City & State <b>Ft. Myers FL 33919</b>		4. FEI Number <b>20-1742885</b>		
Zip <b>33919</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>ALOIA, FRANK JR 2250 1ST STREET FORT MYERS, FL 33901</b>				7. Name and Address of New Registered Agent Name <b>Ana DeMoya</b> Street Address (P.O. Box Number is Not Acceptable) <b>715 NE 19th Place Ste 31</b> City <b>Cape Coral</b> FL <b>33903</b>		
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  DATE <b>10/5/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>						
<b>Amended AR is \$50.00</b>				<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCALZO, RONALD V JR 1909 PICCADILLY CIRCLE CAPE CORAL, FL 33991 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Fritz, Charles W 8721 Cajupit Lane Ft. Myers, FL 33919 <input type="checkbox"/> Change <input checked="" 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	
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	
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 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 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: 				DATE <b>10/5/05</b>		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DAYTIME PHONE # <b>239-572-5211</b>		