

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062610

FILED  
Mar 31, 2008  
Secretary of State

Entity Name: SOUTHWEST FLORIDA PLUS, LLC

**Current Principal Place of Business:**

28000 SPANISH WELLS BLVD.  
BOX 102  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

28000 SPANISH WELLS BLVD.  
BOX 102  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

FEI Number: 20-1530528

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BECKWITH, C. G JR.  
28000 SPANISH WELLS BLVD.  
BOX 102  
BONITA SPRINGS, FL 34135 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: MGRM ( ) Delete  
Name: BECKWITH, C. G JR.  
Address: 28000 SPANISH WELLS BLVD. BOX 102  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM ( ) Delete  
Name: WILSON, JOHN E  
Address: 28000 SPANISH WELLS BLVD. BOX 102  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BECKWITH, C. G. JR.  
Address: 28000 SPANISH WELLS BLVD. BOX 102  
City-St-Zip: BONITA SPRINGS, FL 34135

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

I hereby certify that the information supplied with this filing does not qualify 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: C G BECKWITH JR

MGRM

03/31/2008

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