

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 21, 2005 8:00 am
Secretary of State

04-06-2005 90022 048 ****50.00

DOCUMENT # L04000064087 1. Entity Name S.W. INVESTMENT GROUP, LLC					
Principal Place of Business 9931 LAS CASAS DRIVE FORT MYERS, FL 33919			Mailing Address 9931 LAS CASAS DRIVE FORT MYERS, FL 33919		
2. Principal Place of Business 13241 University Blvd Suite, Apt. #, etc. Suite 101 City & State Fort Myers, FL Zip 33907		3. Mailing Address Same as #2 Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 20-1541284	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		☒ Applied For ☐ Not Applicable			
6. Name and Address of Current Registered Agent MARC F. OATES, P.A. 10001 TAMiami TRIal NORTH, SUITE 119 C/O MARC F. OATES NAPLES, FL 34108				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to: Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBERT, PETER 9931 LAS CASAS DRIVE FORT MYERS, FL 33919		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VEST, DEREK 15750 CATALPA COVE DRIVE FORT MYERS, FL 33908		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:			4/4/05 239-825-1751		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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