

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90106 002 \*\*\*\*50.00

20003000



01202005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L04000090150</b> 1. Entity Name <b>SOUTHWEST SUNSHINE REALTY, LLC</b>					
Principal Place of Business <b>222 HARBOR DRIVE SUITE 405 NAPLES, FL 34103</b>			Mailing Address <b>222 HARBOR DRIVE SUITE 405 NAPLES, FL 34103</b>		
2. Principal Place of Business <b>Fort Myers, FL</b> Suite, Apt. #, etc.		3. Mailing Address <b>5100 South Cleveland Ave.</b> Suite, Apt. #, etc. <b>310 # 366</b>			
City & State City: _____ State: _____		City & State <b>Fort Myers FL</b>			
Zip _____ Country _____		Zip _____ Country _____		4. FEI Number <b>20-2084494</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>PYTYNIA, JONATHAN M 222 HARBOR DRIVE SUITE 405 NAPLES, FL 34103</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State: <b>FL</b> 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 <u><i>Jonathan Pytynia</i></u> DATE <u>1-20-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PYTYNIA, JONATHAN M 1615 BEECH DR NORTH PLAINFIELD, IN 46168</b> <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	
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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.					
<b>SIGNATURE:</b> <u><i>Jonathan Pytynia</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>1-20-05</u> Daytime Phone # <u>739 213-8806</u>		