

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90035 008 ****50.00

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1. Entity Name
SWF NE PROPERTIES, LLC



Principal Place of Business
2820 SW 35TH STREET
CAPE CORAL, FL 33914

Mailing Address
2820 SW 35TH STREET
CAPE CORAL, FL 33914

20000343



01082006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2120115** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ULZHEIMER, DONALD C
2820 SW 35TH STREET
CAPE CORAL, FL 33914

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME MGRM
STREET ADDRESS ULZHEIMER, DONALD C
CITY-ST-ZIP 2820 SW 35TH STREET
CAPE CORAL, FL 33914 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME MGR **JUDITH ULZHEIMER** ☐ Change ☒ Addition
STREET ADDRESS **2820 SW 35TH STREET**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE
NAME MGR **FRANK LAULETTA** ☐ Change ☒ Addition
STREET ADDRESS **13 BERKSHIRE DRIVE**
CITY-ST-ZIP **SEWELL, NJ 08080**

TITLE
NAME **J** ☐ Change ☒ Addition
STREET ADDRESS **JACQUELINE LAULETTA**
CITY-ST-ZIP **13 BERKSHIRE DRIVE**
SEWELL, NJ 08080

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 exemptions contained in Chapter 119, 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

239-945-5334

1/08/2006