


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2007 8:00 am
Secretary of State

08-10-2007 90015 034 ****50.00

DOCUMENT # L05000006239	
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1. Entity Name
SW LAGOON, LLC

Principal Place of Business 1926 TRADE CENTER WAY SUITE 3 NAPLES, FL 34109	Mailing Address 1926 TRADE CENTER WAY SUITE 3 NAPLES, FL 34109 34107
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60054465



2. Principal Place of Business - No P.O. Box # 2750 Medallist Lane Suite, Apt. #, etc.	3. Mailing Address PO BOX 771719 Suite, Apt. #, etc.
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08072007 Chg-LLC CR2E083 (12/06)

City & State Naples, FL Zip 34109	Country Collier	City & State NAPLES, FL Zip 34107	Country Collier
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4. FEI Number
APPLIED FOR 20-2195268
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CARTER, JAMES
2750 MEDALLIST LANE
NAPLES, FL 34109

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARTER, JAMES 1926 TRADE CENTER WAY NAPLES, FL 34109 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2750 Medallist Lane NAPLES, FL 34109
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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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

08-07-07

Date Daytime Phone #