

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90220 046 \*\*\*\*50.00

DOCUMENT # L05000008346

1. Entity Name  
SOUTHWEST FLORIDA HOME PAGE LLC



Principal Place of Business  
900 6TH STREET, SO.  
STE. 301  
NAPLES, FL 34102

Mailing Address  
PO BOX 771029  
NAPLES, FL 34107



05032007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2222540

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ERICKSON, PHILIP A  
900 6TH AVE. SOUTH  
STE. 301  
NAPLES, FL 34102

**DO NOT WRITE  
IN THIS SPACE**

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 September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME ERICKSON, PHILIP A  
STREET ADDRESS 900 6TH AVE. SOUTH, STE. 301  
CITY- ST- ZIP NAPLES, FL 34102

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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: \_\_\_\_\_

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

Managing Member  
P.A. Erickson

5/16/07

Date

239-261-8080

Daytime Phone #