

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000014271

**FILED**  
**Oct 06, 2006**  
**Secretary of State**

**Entity Name:** SOUTHWEST FLORIDA CAPITAL PARTNERS, L.L.C.

**Current Principal Place of Business:**

4801 ISLAND POND COURT  
#804  
BONITA SPRINGS, FL 34134 US

**New Principal Place of Business:**

**Current Mailing Address:**

4801 ISLAND POND COURT  
#804  
BONITA SPRINGS, FL 34134 US

**New Mailing Address:**

**FEI Number:** 20-2419276 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PHILLIPS, LYMAN  
4801 ISLAND POND COURT  
#804  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

PHILLIPS, LYMAN PARTNER  
4801 ISLAND POND COURT  
#804  
BONITA SPRINGS, FL 34134 US

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.

SIGNATURE: LYMAN PHILLIPS

10/06/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR ( ) Change (X) Addition  
Name: JOHNSON, IVER F PARTNER  
Address: 26211 MIRA WAY  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MR ( ) Change (X) Addition  
Name: JENSEN, WAYLAND PARTNER  
Address: 26021 HAMMOCK ISLE COURT #101  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DR ( ) Change (X) Addition  
Name: WISMAR, JAMES D PARTNER  
Address: 26231 MIRA WAY  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MR ( ) Change (X) Addition  
Name: PHILLIPS, LYMAN PARTNER  
Address: 4801 ISLAND POND COURT #804  
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LYMAN PHILLIPS

MR

10/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date