2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L05000014271

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MR	( ) Delete
Name:	JOHNSON, IVER F PARTNER	
Address:	26211 MIRA WAY	
City-St-Zip:	BONITA SPRINGS, FL 34134	
Title:	MR	( ) Delete
Name:	JENSEN, WAYLAND PARTNER	
Address:	26021 HAMMOCK ISLE COURT #101	
City-St-Zip:	BONITA SPRINGS, FL 34134	
Title:	DR	( ) Delete
Name:	WISMAR, JAMES D PARTNER	
Address:	26231 MIRA WAY	
City-St-Zip:	BONITA SPRINGS, FL 34134	
Title:	MR	( ) Delete
Name:	PHILLIPS, LYMAN PARTNER	
Address:	4801 ISLAND POND COURT #804	
City-St-Zip:	BONITA SPRINGS, FL 34134	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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 05/01/2008

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