2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
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 ( )**

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: MR (X) Change ( ) Addition
Name: JENSEN, WAYLAND PARTNER
Address: 26418 BRICK LANE
City-St-Zip: BONITA SPRINGS, FL 34134

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 03/20/2009

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