


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 21, 2008 8:00 am**  
**Secretary of State**

07-21-2008 90082 030 \*\*\*143.50

<b>DOCUMENT # L05000018485</b> 1. Entity Name <b>SWF PROPERTY INVESTMENTS, LLC</b>																													
Principal Place of Business <b>4753 ESTERO BLVD UNIT 1503 FORT MYERS BEACH, FL 33931 US</b>			Mailing Address <b>PO BOX 360 CLEAR CREEK, IN 47426 US</b>																										
2. Principal Place of Business - No P.O. Box # <b>4745 ESTERO BLVD.</b>		3. Mailing Address <b>SAME</b>																											
Suite, Apt. #, etc. <b>UNIT 805A</b>		Suite, Apt. #, etc. 																											
City & State <b>FT. MYERS Bch. FL.</b>		City & State 																											
Zip <b>33931</b>		Country <b>USA</b>		4. FEI Number <b>20-2385761</b>																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent  <b>MOORE, RAYMOND E 4753 ESTERO BLVD. UNIT 1503 FORT MYERS BEACH, FL 33931</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																										
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 <u>Raymond Moore</u> <b>RAYMOND MOORE MEMBER</b> <span style="float: right;"><u>7-16-08</u></span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>																									
<div style="display: flex;"> <div style="flex: 1;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RAYMOND MOORE ENTERPRISES, INC.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4753 ESTERO BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS BEACH, FL 33931</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	RAYMOND MOORE ENTERPRISES, INC.		STREET ADDRESS	4753 ESTERO BLVD		CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Raymond Moore</u> <span style="float: right;"><u>7-16-08</u> 812-277-1045</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													