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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State
05-08-2006 90033 027 ****50.00

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1. Entity Name
E & M ENTERPRISES OF SW FLORIDA, LLC

Principal Place of Business	Mailing Address
4928 SW 27TH AVENUE CAPE CORAL, FL 33914	4928 SW 27TH AVENUE CAPE CORAL, FL 33914

02272006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
4928 SW 26TH AVENUE	4928 SW 26TH AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-3168652 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CLASP INC.
24311 WALDEN CENTER DRIVE, SUITE 201
BONITA, FL 34134

7. Name and Address of New Registered Agent

Name EARL WEBER
Street Address (P.O. Box Number is Not Acceptable) 4928 SW 26TH AVENUE
City CAPE CORAL FL Zip Code 33914

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 Earl L. Weber Sr. 4/15/06
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 May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE PRESIDENT NAME EARL WEBER STREET ADDRESS 4928 SW 26TH AVE CITY-ST-ZIP CAPE CORAL, FL 33914	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE V PRESIDENT NAME MARGARET T WEBER STREET ADDRESS 4928 SW 26TH AVE CITY-ST-ZIP CAPE CORAL, FL 33914	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Earl L. Weber Sr. 4/15/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #