

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029788

Entity Name: SWFL PROPERTIES GROUP, LLC

FILED
May 26, 2006
Secretary of State

Current Principal Place of Business:

131 HIBISCUS DRIVE
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

131 HIBISCUS DRIVE
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 20-2537392 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

KLINE, GARY R
131 HIBISCUS DRIVE
PUNTA GORDA, FL 33950 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COLLIER, CHRISTOPHER S
Address: 1861 EASTBROOK RD.
City-St-Zip: NEWCASTLE, PA 16101

Title: MGRM () Delete
Name: COLLIER, BYRON E
Address: 5045 PINEY DAM RD.
City-St-Zip: CLARION, PA 16214

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

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: FRESHMAN, AUDREY S
Address: 4069 LACOSTA ISLAND CIRCLE
City-St-Zip: PUNTA GORDA, FL 33950

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: GARY R. KLINE

MGRM

05/26/2006

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