

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030556

FILED
Apr 10, 2006
Secretary of State

Entity Name: SW FLORIDA INVESTMENT GROUP LLC

Current Principal Place of Business:

13167 SW PEMBROKE CIRCLE NORTH
LAKE SUZY, FL 34269 US

New Principal Place of Business:

Current Mailing Address:

13167 SW PEMBROKE CIRCLE NORTH
LAKE SUZY, FL 34269 US

New Mailing Address:

FEI Number: 20-2611963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONIZ, MARYANNE
13167 SW PEMBROKE CIRCLE NORTH
LAKE SUZY, FL 34269 US

Name and Address of New Registered Agent:

MONIZ, MARY A
13167 SW PEMBROKE CIRCLE NORTH
LAKE SUZY, FL 34269 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: MARY ANNE MONIZ

04/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MONIZ, RONALD M
Address: 13167 SW PEMBROKE CIRCLE NORTH
City-St-Zip: LAKE SUZY, FL 34269

Title: MGR () Delete
Name: INFUESTO, CYNTHIA M
Address: 18441 TELEGRAPH CREEK LANE
City-St-Zip: ALVA, FL 33920 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: INFUESTO, CYNTHIA M
Address: 18660 RIVER ESTATES LANE
City-St-Zip: ALVA, FL 33920 US

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: RONALD MONIZ

MGR

04/10/2006

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