

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90078 013 ****55.00

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01052006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000032618 1. Entity Name SOUTHWEST SUNSHINE REALTY I LLC					
Principal Place of Business 4071 RAINBOW DRIVE FT. MYERS, FL 33916			Mailing Address 4071 RAINBOW DRIVE FT. MYERS, FL 33916		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 5100 S Cleveland Suite, Apt. #, etc. Suite 318 City & State FT Myers, FL Zip Country 33907 USA			
4. FEI Number 20-2638467				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent PYTANIA, JONATHAN M 4071 RAINBOW DRIVE FT. MYERS, FL 33916	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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: <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PYTANIA, JONATHAN M 4071 RAINBOW DRIVE FT. MYERS, FL 33916 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: 1/10/06 239-213-8806 <small>Daytime Phone #</small>		