2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L05000033741

Entity Name: SWFLA LAND, LLC

Current Principal Place of Business:

3501 WILD INDIGO LANE
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 474
COLD SPRING HARBOR, NY 11724

New Mailing Address:

FEI Number: 20-2629178 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KU & MUSSMAN, P.A.
11098 BISCAYNE BLVD.
301
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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:	VITALE, FRANCIS/CHRIS JEN	
Address:	50 HARBOR HILL DR.	
City-St-Zip:	HUNTINGTON, NY 11743	
Title:	MGR	( ) Delete
Name:	EGAN, MICHAEL E JR.	
Address:	968 ST. JOHNLAND RD.	
City-St-Zip:	KINGS PARK, NY 11754	
Title:	MGR	( ) Delete
Name:	FERETIC, THOMAS J	
Address:	319 CASWELL AVE.	
City-St-Zip:	STATEN ISLAND, NY 10314	
Title:	MGR	( ) Delete
Name:	MARENGO, EDWARD	
Address:	128 KENT ST.	
City-St-Zip:	BROOKLYN, NY 11222	
Title:	MGR	( ) Delete
Name:	MORTIMER, JOHN P	
Address:	11 JOSEPH ST.	
City-St-Zip:	CHESTNUT RIDGE, NY 10977	
Title:	MGR	( ) Delete
Name:	PELLEGRINO, FRANK P JR.	
Address:	19 ATMORE PL.	
City-St-Zip:	STATEN ISLAND, NY 10306	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: FRANCIS H VITALE MGRM 04/14/2009

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