


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**5 Jun 23, 2008 8:00 am  
Secretary of State**

05-30-2008 90019 001 \*\*\*138.75

<b>DOCUMENT # L05000070147</b> 1. Entity Name <b>SOUTHWEST FLORIDA RESIDENTIAL EQUITIES, LLC</b>	
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<b>Principal Place of Business</b> THE PLAZA ON THIRD STREET 1170 THIRD STREET SOUTH, SUITE C-200 NAPLES, FL 34102	<b>Mailing Address</b> THE PLAZA ON THIRD STREET 1170 THIRD STREET SOUTH, SUITE C-200 NAPLES, FL 34102
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**30009806**



03252008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  STEWART, JAMES C JR. 9180 GALLERIA COURT, SUITE 700 NAPLES, FL 34102
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**FILE NOW!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MM FORREST, JAMES E 1170 3RD STREET SOUTH, C-200 NAPLES, FL 34109
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**DO NOT WRITE  
IN THIS SPACE**

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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_