



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90104 038 ****50.00

DOCUMENT # L05000071690					
1. Entity Name SW FLORIDA SUNRISE REALTY, L.L.C.					
Principal Place of Business 13211 MCGREGOR BLVD., SUITE 104 FORT MYERS, FL 33919			Mailing Address 13211 MCGREGOR BLVD., SUITE 104 FORT MYERS, FL 33919		
2. Principal Place of Business 13251 MCGREGOR BLVD Suite, Apt. #, etc. 104		3. Mailing Address 13251 MCGREGOR BLVD. Suite, Apt. #, etc. 104			
City & State FORT MYERS, FL.		City & State FORT MYERS FL.		4. FEI Number 20-319756	
Zip 33919		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DONNELLY, BRUCE R 11031 MILL CREEK WAY, #308 FORT MYERS, FL 33913				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 <u>Bruce R. Donnelly</u> <u>BRUCE R. DONNELLY</u> <u>7-5-2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONNELLY, BRUCE R 1321 MCGREGOR BLVD., SUITE 104 FORT MYERS, FL 33919			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOSWELL, RICK M 1321 MCGREGOR BLVD., SUITE 104 FORT MYERS, FL 33919			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
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: <u>Bruce R. Donnelly</u> <u>BRUCE R. DONNELLY</u> <u>7-5-2006</u> <u>239 210-0270</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					