2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# L05000080642

Entity Name: SOUTHWEST OHIO MANAGEMENT, LLC

Current Principal Place of Business:

1805 SW 49TH TERRACE
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

1805 SW 49TH TERRACE
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 84-1689939 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MINGER, WILMA
4108 OBISPO ST
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

MINGER, WILMA
2129 SE 15TH TERRACE
CAPE CORAL, FL 33990 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: 06/16/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MINGER, WILMA
Address: 4108 OBISPO ST
City-St-Zip: TAMPA, FL 33629

Title: MGR ( ) Delete
Name: MARTIN, BRENDA
Address: 1805 SW 49TH TER
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MINGER, WILMA
Address: 2129 SE 15TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

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: WILMA MINGER MGRM 06/16/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date