

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000089770

1. Entity Name

AGAPE REALTY INVESTORS OF SW FLORIDA, LLC



Principal Place of Business

90 YEOMANS AVENUE
LABELLE FL 33935

Mailing Address

P.O. BOX 490
LABELLE FL 33975
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-3453142

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOY, JOHN B JR.
90 YEOMANS AVENUE
LABELLE FL 33935

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
DAVENPORT INVESTORS GROUP, INC.
90 YEOMANS AVENUE
LABELLE FL 33935 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGR
KINNEY, KENNETH E JR.
891 N. RIVER ROAD
LABELLE FL 33935 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGR
BOY, JOHN B JR.
90 YEOMANS AVENUE
LABELLE FL 33935 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGR
MILLER, DAVID N
P.O. BOX 1149
LABELLE FL 33975 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGR
KISKER, WILLIAM C JR.
401 S. WC OWEN AVENUE
CLEWISTON FL 33440 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition
U00000613631
02/05/07-80050-002 50.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

John B Boy Jr 1/27/07 863-675-3777