

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 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



01072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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

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

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

U000000777468  
01/10/08-80008-025 138.75

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: John B Boy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/7/08

Date

863-678-3777

Daytime Phone #