

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089770

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** AGAPE REALTY INVESTORS OF SW FLORIDA, LLC

**Current Principal Place of Business:**

90 YEOMANS AVENUE  
LABELLE, FL 33935

**New Principal Place of Business:**

90 YEOMANS AVENUE  
LABELLE, FL 33935 US

**Current Mailing Address:**

P.O. BOX 490  
LABELLE, FL 33975 US

**New Mailing Address:**

**FEI Number:** 20-3453142      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DAVENPORT INVESTORS, GROUP, INC.  
Address: 90 YEOMANS AVENUE  
City-St-Zip: LABELLE, FL 33935 US

Title: MGR ( ) Delete  
Name: KINNEY, KENNETH E JR.  
Address: 891 N. RIVER ROAD  
City-St-Zip: LABELLE, FL 33935 US

Title: MGR ( ) Delete  
Name: BOY, JOHN B JR.  
Address: 90 YEOMANS AVENUE  
City-St-Zip: LABELLE, FL 33935 US

Title: MGR ( ) Delete  
Name: MILLER, DAVID N  
Address: P.O. BOX 1149  
City-St-Zip: LABELLE, FL 33975 US

Title: MGR ( ) Delete  
Name: KISKER, WILLIAM C JR.  
Address: 401 S. WC OWEN AVENUE  
City-St-Zip: CLEWISTON, FL 33440 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID N. MILLER

MGR

01/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date