## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L05000117798** 

1. Entity Name

SOUTHWEST PROPERTIES - MCKETHAN, LLC



FILED Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

26 S. BROOKSVILLE AVE. BROOKSVILLE, FL 34601

Mailing Address

26 S. BROOKSVILLE AVE. BROOKSVILLE, FL 34601



01032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 02-0761770

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SELWAY, JOSEPH 26 S. BROOKSVILLE AVE. BROOKSVILLE, FL 34601

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	enamed entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		U00000921135 05/14/08-80072-003 138.75
9.	MANAGING MEMBERS/MANAGERS	·	•
TITLE	MGR	<b>.</b>	
NAME	JOSEPH SELWAY FAMILY, LLC		*
STREET ADDRESS	26 S. BROOKSVILLE AVE.		
CITY-ST-ZIP	BROOKSVILLE, FL 34601		
TITLE	MGRM		
NAME	BROOKSVILLE REALTY & DEVELOPMENT, LLC		•

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NAME STREET ADDRESS CITY-ST-ZIP	BROOKSVILLE REALTY & DEVELOPMENT, LLC 823 SOUTH EDISON AVENUE TAMPA, FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZiP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby	certify that the information supplied with this filling does not qualify for the exe	emptions co

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:

AME OF SIGNING MANAGING N

Joseph Solwan

4.2208

35254483

Daytime Phone