

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90042 017 \*\*\*150.00

**DOCUMENT # L06000034844**

1. Entity Name  
**REGIONAL LAND DEVELOPMENT OF SW FL, LLC**



Principal Place of Business  
**8805 TAMiami TRAIL NORTH, SUITE 201  
NAPLES, FL 34108**

Mailing Address  
**8805 TAMiami TRAIL NORTH, SUITE 201  
NAPLES, FL 34108**



01142008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**26-0337853**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MCAVOY, BRIAN V ESQ  
5551 RIDGEWOOD DRIVE, SUITE 405  
NAPLES, FL 34108**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SU, CHEN K
STREET ADDRESS	1150 OAKES BOULEVARD
CITY- ST- ZIP	NAPLES, FL 34119
TITLE	MGRM
NAME	CHEN TUNG SU
STREET ADDRESS	<del>6622 COMPTON LANE NORTH</del> <b>3250 60TH ST SW</b>
CITY- ST- ZIP	NAPLES, FL <del>34104</del> <b>34116</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

**1-25-2008 239-586-1600**  
Date Daytime Phone #