

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000075933

1. Entity Name  
S & W PROPERTIES, LLC



FILED

07 DEC -5 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4766 SE 35TH AVENUE  
OCALA, FL 34480

Mailing Address  
4766 SE 35TH AVENUE  
OCALA, FL 34480

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

3. Mailing Address

Suite, Apt. #, etc. 201

Suite, Apt. #, etc. 201

City & State  
Ocala FL

City & State  
Ocala FL

Zip 34474 Country US

Zip 34474 Country US

11202007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-5303863

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

JOHNSON, WALTER L  
4766 SE 35TH AVENUE  
OCALA, FL 34480

Name  
SEABORN HUNT  
Street Address (P.O. Box Number is Not Acceptable)  
3101 SW College Rd, Suite 201  
City Ocala FL Zip Code 34474

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

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME JOHNSON, WALTER L  
STREET ADDRESS 4766 SE 35TH AVENUE  
CITY-ST-ZIP Ocala, FL 34480 ☒ Delete

TITLE MGR  
NAME SEABORN HUNT, III  
STREET ADDRESS 3101 SW College Road Suite 201  
CITY-ST-ZIP Ocala FL 34474 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

S. Hunt

11/28/07

352 732 8880