

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094948

FILED
Aug 31, 2007
Secretary of State

Entity Name: STATEWIDE TRUST OF SW FL, L.L.C.

Current Principal Place of Business:

1100 6TH AVENUE SOUTH
226
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

1100 6TH AVENUE SOUTH
226
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KRUCKER, JASON
1350 MISTY PINE CIRCLE
E206
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

KRUCKER, JASON R
1350 MISTY PINE CIRCLE
E206
NAPLES, FL 34105 US

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: JASON R. KRUCKER

08/31/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KRUCKER, JASON R
Address: 1350 MISTY PINES CIRCLE #E206
City-St-Zip: NAPLES, FL 34105 US

Title: MGRM () Delete
Name: HARLEM, JOHN
Address: 8370 BIG ACORN CIRCLE # 1401
City-St-Zip: NAPLES, FL 34119 US

ADDITIONS/CHANGES:

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: JASON R. KRUCKER

MGRM

08/31/2007

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