LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FILING FEE State Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Name and Mailing Address of Limited Liability Company DOCUMENT # 197000000713 SOUTHWEST ORLANDO INVESTMENTS, L.C. P.O. BOX 3008 INDIALANTIC FL 32903 Principal Place of Business 2a. Mailing Address 06/12/1997 Suite, Apt. #, etc. City & State City & State FLORIDA DEPARTMENT OF STATE FLORIDA DEPARTMENT OF STATE	le on o	or before	May 1, 1999	or Lin	nited	l Liabilitv	Com	pany will be	•					
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7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. F. etc. City FL Zip Code P. Pursuant to the provisions of Sections 608.416 and 608.508. Florida Statutes, the above named limited liability company submits thus statement for the purpose of its registered agent, or both, in the State of Florida Such change was authorized by affirmative vote of a majority of the mombers. Thereby accept the appraise registered agent, and accept the obligations. SIGNATURE Responsible of Agent A	City & State			C	City & State						1 = 5 = 5		Not Applic	
7. Name and Address of Current Registered Agent Name Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, atc City FL Zip Code P. Pursuant to the provisions of Sections 608.416 and 608.508. Florida Statutes, the above-named limited liability company submits this statement for the purpose of its registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appraise registered agent, and accept the obligations. SIGNATURE The parameter of the Approximative field the parameter of the purpose of the purpos	Zip Country		Ž	Zip Counti			ry		*	ì	Certificate of Status Desire Status Desire Regulated		1	
Street Address (F.O. Box Number is Not Acceptable) Street Address (F.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City PL Tap Code 9. Pursuant to the provisions of Sections 608.416 and 608.508. Florida Statutes, the above named limited liability company submits this statement for the purpose of its registered diffice or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the applications agent, and accept the obligation. SIGNATURE 10. This Managing Members/Managers Business Street Address City. State and Zip Code MGR BANTS, T. J. A04 NORTH MIRAMAR AVE. INDIALANTIC FL PROFILE STIES S	7. Name and Address of Current Registered					Agent		В.	 		790			
10. Title Managing Members/Managers Business Street Address City. State and Zip Code MGR DAVIS, T.J. 404 NORTH MIRAMAR AVE. INDIALANTIC FL PAULOS PROPERTY AND P	J. Pursuar its registere as registere	nt to the provised office or regi ed agent, and	ions of Sections 60s stered agent, or both accept the obligatio	8.416 and 0 th, in the Sta ons.	ate of Flo	orida. Such cha	nge was a	City bove-named limited uthorized by affirm.	d liability company s alive vote of a majori	ubmits this state ly of the member	ement for the	e purp	pose of char the appoint	nging ment
DavidS -03/11/9901116- ****188.75 ****	 					HOTE Responses 12				, State and Zip Code				
11. Ido hereby certify that the information supplied with this liting does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. I further certify that the in		DAVIS, DAUJUS		-		404 N	IORTH	MIRAMAR	-	-03/ 	2 20 11/99-	::::::::::::::::::::::::::::::::::::::	728- 116-4	124
Indicated on this annual 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 mana limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10 attachment with an address. SIGNATURE: S	indicated or limited liabi attachment	n this annual r ility company o t with an addre	eport is true and according the receiver or true	curate and	that my	signature shall	have the eport as re	same legal effect a equired by Chapter	is if made under oatl 608, Florida Statute	n, that I am a ma es; and that my r	inaging men iame appea	nber o rs in E	or manager o Block 10, or o	of the f