2005 FOR PROFIT CORPORATION

FILED Mar 17, 2005 8:00 am Secretary of State

DOCUMENT # P04000096309 1. Entity Name TMB'S PROPERTIES OF SOUTHWEST FLORIDA, INC.						02-16-2005	5 90018 006 **	**150.00		
Principal Place of Business Malling Address				ı		0000	 .			
3949 EVANS AVE # 295 FT MYERS, FL 33901		3949 EVANS AVE # 265 Ft Myers, FL 33901 :			66005973					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc. # 403		Suite, Apt. #, etc. # 403			02122005	Chg-P	CR2E034 (10/0	3)		
City & State		City & State		(4. FEI Numbe	-001516	} -	Applied For Not Applicable		
ZIp	Country	Zip	Country		5. Certificate	of Status Desired	□ \$8.75 / Fee Requ	Additional ilred		
	6. Name and Address of Current F	legistered Agent			7. Name and	Address of New R	egistered Agent			
FORENDO	AD MADY DETU		Name					į		
ECKENROAD, MARY BETH 3949 EVANS AVE #296 毕山3 FT MYERS, FL 33901			Street A	Street Address (P.O. Box Number is Not Acceptable)						
	,, = 0000									
			City				FL Zip C	ode		
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. Fam familiar with, and accept the obligations of registered agent.										
SIGNATURE Haryfur Noval - Lukengal Ires. Mary BOTH Novak - ECKEN ROAD 14 Feb 05 Sometime Agent person memo of implicated agent and still a application. INOTE: Registered Agent signature resoluted unon introtating) DATE										
O Floritor Compaign Francisco										
		9. Flection Campain	on Financion	C 5	M May Ba			·		
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I nevery certary that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or this receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laudur Adal-	churoad	HARLBETH NOVAK	ECKENDOAD	14 Feb 05	239-99
SIGNATURE AND TYPED OR PRINTE	NAME OF SIGNING OFFICER OF DIRECT	TOR 1	Cate	Daytime Phone #	