


FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
FILED**

1997 MAR 11 PM 3:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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|--------------------------------|---|
| FILING FEE \$ 203.75 | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE |
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| 1. Name and Mailing Address of Limited Liability Company | DOCUMENT #Z00193 SOUTHWEST PARTNERS, L.C. 480 HENLEY DR. NAPLES FL 33942 |
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| 1a. Principal Place of Business Address 480 HENLEY DR. NAPLES FL 33942 |
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If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

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|--------------------------------|--|---------------------|--|--------------------------------|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Organized or Qualified | 3a. State of Formation |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03/15/1990 | FL |
| City & State | | City & State | | 4. FEI Number | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Zip | | Country | | 65-0180827 | |
| | | | | 5. Date of Last Report | 6. Certificate of Status Desired |
| | | | | 03/21/1996 | \$8.75 Additional Fee Required <input type="checkbox"/> |

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| 7. Name and Address of Current Registered Agent HURLEY, JOHN R. 5051 CASTELLO DRIVE SUITE 202 NAPLES FL 33940 | 8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code |
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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 changing its registered office or 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 appointment as registered agent, and accept the obligations.

SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|-------------------------|--------------------------|
| M | BENNETT, SCOTT B. | 480 HENLEY DR. | NAPLES FL |
| M | WOODLAND, ANNA E. | 3140 KINGS LAKE BLVD | NAPLES FL |
| M | DONLAN, DAVID | 31 COLLINS AVE | CLOSTER NJ |
| M | BARROW, CHARLES | 153 BUTTERNUT LANE | SOUTH PORT CT |
| M | KANNALFO, STEVE | 10 JENNIFER PLACE | GLEN ROCK NJ |
| D | VOLINO, KATHERYN | 82 FERNDAL AVE | GLEN ROCK NJ |

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 manager of the 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, or on an attachment with an address.

SIGNATURE: *Scott Bennett* *2/15/97* *941-3522741*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #