

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

**APPROVED  
AND  
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1997 MAR 11 PM 3:13

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>FILING FEE</b> <b>\$ 203.75</b>	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	

1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> Z00193	
<b>SOUTHWEST PARTNERS, L.C.</b> 480 HENLEY DR. NAPLES FL 33942			
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>			
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1a. Principal Place of Business Address	480 HENLEY DR. NAPLES FL 33942		
3. Date Organized or Qualified	03/15/1990	3a. State of Formation	FL
4. FEI Number	65-0180827	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report	03/21/1996	6. Certificate of Status Desired	
<input type="checkbox"/> \$6.75 Additional Fee Required			

7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent	
HURLEY, JOHN R. 5051 CASTELLO DRIVE SUITE 202 NAPLES FL 33940			Name <small>Street Address (P.O. Box Number is Not Acceptable)</small> 4000002110814--3 <small>Suite, Apt. #, etc.</small> -03/12/97-01022-001 ***203.75 ***203.75 City FL Zip 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 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	YANNALEFO, STEVE	10 JENNIFER PLACE	GLEN ROCK NJ
D	VOLINO, KATHERYN	82 FERNDALE 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.

<b>SIGNATURE:</b>	Scott B. Bennett Member	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		3/13/97 941-356-8741	