


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>99 MAR 17 AM 8:15</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE</b> <b>\$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>SOUTHWEST PARTNERS, L.C.</b> <b>480 HENLEY DR.</b> <b>NAPLES FL 33942</b>		<b>DOCUMENT # Z00193</b>  1a. Principal Place of Business Address <b>480 HENLEY DR.</b> <b>NAPLES FL 33942</b>			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip      Country		3. Date Organized or Qualified <b>03/15/1990</b> 4. FEI Number <b>65-0180827</b> 5. Date of Last Report <b>03/09/1998</b>	
3a. State of Formation <b>FL</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent <b>HURLEY, JOHN R</b> <b>5051 CASTELLO DRIVE</b> <b>SUITE 202</b> <b>NAPLES FL 33940</b>			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b>		
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when changing)</small>			DATE _____		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	BENNETT, SCOTT B	480 HENLEY DR.		NAPLES FL	
MEM	WOODLAND, ANNA E	3140 KINGS LAKE BLVD		NAPLES FL	
MEM	DONLAN, DAVID	31 COLLINS AVE		CLOSTER NJ	
MEM	BARROW, CHARLES	153 BUTTERNUT LANE		SOUTH PORT CT	
MEM	YANNALFO, STEVE	10 JENNIFER PLACE		GLEN ROCK NJ	
MEM	VOLINO, KATHERYN	82 FERNDAL AVE		GLEN ROCK NJ	
<i>SL 3-24-99</i>					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (j), 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> <i>Scott B Bennett</i> <b>3/9/99 941-352-2741</b>					