

2001 UNIFORM BUSINESS REPORT (UBR)

0020639 AF

DOCUMENT # Z00193

1. Entity Name

SOUTHWEST PARTNERS, L.C.

FILED

01 MAR 20 PM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business 480 HENLEY DR. NAPLES FL 33942 | Mailing Address 480 HENLEY DR. NAPLES FL 33942 |
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| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0180827 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

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| 6. Name and Address of Current Registered Agent HURLEY, JOHN R 5051 CASTELLO DRIVE SUITE 202 NAPLES FL 33940 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

| 9. MANAGING MEMBERS / MEMBERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM RONAN, FAITH 74 MAIN ST. ROCKPORT MA 01966 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM WOODLAND, ANNA E 3140 KINGS LAKE BLVD NAPLES FL 33962 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM DONLAN, DAVID 31 COLLINS AVE CLOSTER NJ 07624 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM BARROW, CHARLES 153 BUTTERNUT LANE SOUTH PORT CT 06490 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM YANNALFO, STEVE 275 HAVEN ROAD FRANKLIN LAKES NJ 07417 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM VOLINO, KATHERYN 82 FERNDAL AVE GLEN ROCK NJ 07452 <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM Scott B. Bennett 480 Henley Drive Naples, Florida 34104 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <p>300003910193--3</p> <p>-03/26/01--01135--003</p> <p>*****50.00 *****50.00</p> | |

11. I 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 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.

SIGNATURE: SCOTT BENNETT 3/15/01 941-352-2741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)