


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # Z00193</b> 1. Entity Name SOUTHWEST PARTNERS, L.C.	
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Principal Place of Business 480 HENLEY DR. NAPLES, FL 34104	Mailing Address 480 HENLEY DR. NAPLES, FL 34104
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01042005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0180827	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HURLEY, JOHN R  
5051 CASTELLO DRIVE  
SUITE 202  
NAPLES, FL 33940

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

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

000000215043  
02/04/05-80036-015 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 B Benoit SCOT BENVOIT 1/19/05 2393528741  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*member*