

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # Z00193

1. Entity Name
SOUTHWEST PARTNERS, L.C.



Principal Place of Business

480 HENLEY DR.
NAPLES, FL 34104

Mailing Address

480 HENLEY DR.
NAPLES, FL 34104



03302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0180827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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, 2007**

9. MANAGING MEMBERS/MANAGERS

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

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05/01/07-80025-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/14/07

239 352 2741