FILED Mar 20, 2006 8:00 am Secretary of State

2006 LIMITED LIABILITY COM ANNUAL REPORT	PANY	<i>[</i>
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DOCUMENT # L00000 1. Entity Name SWEETWATER LANDING LLC			03-20-2006 90200 011 ****55.00
Principal Place of Business 9990 COCONUT RD. STE 200 BONITA SPRINGS, FL 34135 2. Principal Place of Business	Mailing Address 9990 COCONUT RD. STE 200 BONITA SPRINGS, FL 3. Mailing Address	34135	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		01112006 Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For
,	-	Logista	65-0989144 Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of C	Current Registered Agent	Name	7. Name and Address of New Registered Agent
RESOURCE CONSERVATION PR 9990 COCONUT RD.	OPERTIES, INC.	Street Add	ddress (P.O. Box Number is Not Acceptable)
STE 200 BONITA SPRINGS, FL 34135		"	
		City	FL Zip Code
The above named entity submits this state the obligations of registered agent.	ment for the purpose of changing its	s registered office or re	registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	ered agent and title if applicable (NO)	E: Registered Agent signature	re required when reinstating) DATE -
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State
9. MANAGING	 MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES
ITITLE MGRM NAME RESOURCE CONSERVA* STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34	200	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME Street address City-St-Zip	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
IITLE NAME STREET ADDRESS : CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplindicated on this report is true and accurlimited liability company or the receiver of SIGNATURE:	or trustee empowered to execute this	report as required by	1/20/06