

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-12-2004 90117 039 ****50.00

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DOCUMENT # L01000007084																																																																																																																																			
1. Entity Name BROADSWEEP TECHNOLOGIES, LLC																																																																																																																																			
Principal Place of Business 3802 EHRLICH ROAD SUITE 305 TAMPA, FL 33624 US			Mailing Address 3802 EHRLICH ROAD SUITE 305 TAMPA, FL 33624 US																																																																																																																																
2. Principal Place of Business 4410 WEST CREST AVE Suite, Apt. #, etc.			3. Mailing Address 4410 WEST CREST AVE Suite, Apt. #, etc.																																																																																																																																
City & State Zip 33614 Country			City & State Zip 33614 Country																																																																																																																																
4. FEI Number 59-3723327				Applied For ☐ Not Applicable																																																																																																																															
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																																																																																																																			
6. Name and Address of Current Registered Agent SULLIVAN, STEPHEN C 315 S. HYDE PARK AVENUE TAMPA, FL 33606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																
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 I accept the obligations of registered agent.																																																																																																																																			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																			
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS / MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS / CHANGES</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGR</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGRM</td> <td style="width: 30%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>DUBOIS, JOHN</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13318 LAKE MAGDELENE BLVD.</td> <td></td> <td>STREET ADDRESS</td> <td>4410 WEST CREST AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33618</td> <td></td> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33614</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;">☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td>CUFFE, CRAIG</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td>4410 WEST CREST AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33614</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES			TITLE	MGR	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition	NAME	DUBOIS, JOHN		NAME			STREET ADDRESS	13318 LAKE MAGDELENE BLVD.		STREET ADDRESS	4410 WEST CREST AVE		CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	TAMPA, FL 33614		TITLE		☐ Delete	TITLE	MGRM	☐ Change ☒ Addition	NAME			NAME	CUFFE, CRAIG		STREET ADDRESS			STREET ADDRESS	4410 WEST CREST AVE		CITY-ST-ZIP			CITY-ST-ZIP	TAMPA, FL 33614		TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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.																																																																																																																																			
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