

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000010923

1. Entity Name
PATTERSON & SWEENEY, PL



Principal Place of Business
COURTHOUSE TOWER, STE 2000
44 WEST FLAGLER ST
MIAMI, FL 33130-6818

Mailing Address
COURTHOUSE TOWER, STE 2000
44 WEST FLAGLER ST
MIAMI, FL 33130-6818



04182005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1130908

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, JOHN, JR. H MGR
COURTHOUSE TOWER, STE 2000
44 WEST FLAGLER ST
MIAMI, FL 33130-6818

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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	MGR
NAME	PATTERSON JR, JOHN, JR. H MGR
STREET ADDRESS	44 W FLAGLER ST STE 2000
CITY - ST - ZIP	MIAMI, FL 331306818
TITLE	MGRM
NAME	PATTERSON, JOHN H
STREET ADDRESS	44 W FLAGLER ST STE 2000
CITY - ST - ZIP	MIAMI, FL 331306818
TITLE	MGRM
NAME	JAMES H. SWEENEY, III, P.A.
STREET ADDRESS	44 W FLAGLER ST STE 2000
CITY - ST - ZIP	MIAMI, FL 331306818
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000319486
04/20/05-80098-021 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: *By [Signature]*

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

Date

Daytime Phone #

Manager 04/18/05