## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000019480

MCKNIGHT, AMY

DUNEDIN, FL 34698

1891MAIN ST.

Name:

Address:

City-St-Zip:

Entity Name: SWEETWATER TREE FARM LLC.

FILED Mar 10, 2004 Secretary of State

	e. owen	W// LIC ITCLE I / KIW, LLC		
Current Principal Place of Business:			New Principal Place of Business:	
1612 JAMI HAVANA,	ESON RD. FL 32333	US		
Current Mailing Address:			New Mailing Address:	
1804 JAMI HAVANA,	ESON RD. FL 32333	US		
FEI Number:	: 13-4208715	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
	, NANCY K ESON RD. FL 32333	US		
	named entit e of Florida.	y submits this statement for the	purpose of changing its registe	red office or registered agent, or both
SIGNATU				
	Electr	onic Signature of Registered Ag	ent	Date
MANAGING MEMBERS/MEMBERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM COGGINS, J. 1804 JAMIES HAVANA, FL	SON RD.	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	MGRM COGGINS, N 1824 JAMIES HAVANA, FL	SON RD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MGRM MCKNIGHT, 1891 MAIN S DUNEDIN, FI	Т.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title:	MGRM	( ) Delete	Title:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: NANCY K. COGGINS MGRM 03/10/2004