

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000025091

1. Entity Name
SWEET PROSPECT LTD. CO.



Principal Place of Business
2900 E. JACKSON ST.
PENSACOLA, FL 32503 US

Mailing Address
2900 E. JACKSON ST.
PENSACOLA, FL 32503 US



04112008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 46-0499999	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

BRAGWELL, SHERYL J
2900 E. JACKSON ST.
PENSACOLA, FL 32503

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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLURED, MELISSA C 5790 LIMESTONE RD PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIAMOND, GARY C 6195 VIRWOOD RD PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRAGWELL, SHERYL J 2900 E JACKSON ST PENSACOLA, FL 32503
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 04/24/08-80024-004 138.75

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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: Sheryl J. Bragwell **Sheryl J. Bragwell** 4/01/08 **(850)432-8484**

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

Date

Daytime Phone #