

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 OCT 31 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10022007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L02000026796					
1. Entity Name SWEETENER SOLUTIONS, LLC					
Principal Place of Business 810 SATURN STREET, SUITE 1600 JUPITER, FL 33477			Mailing Address P.O. BOX 1026 SAVANNAH, GA 31402		
2. Principal Place of Business - No P.O. Box # 227 W. New England Avenue Suite, Apt. #, etc Suite C			3. Mailing Address PO Box 1925 Suite, Apt. #, etc		
City & State Winter Park, FL		City & State Winter Park, FL		4. FEI Number NOT APPLICABLE	
Zip 32789		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOTT, MIKE 810 SATURN STREET, SUITE 1600 JUPITER, FL 33477				7. Name and Address of New Registered Agent Name: Patrick Olson Street Address (P.O. Box Number is Not Acceptable): 227 W. New England Ave., Suite C City: Winter Park FL Zip Code: 32789	
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: <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE: 10/26/07	
Amended AR is \$50.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTT, MIKE 810 SATURN STREET, SUITE 1600 JUPITER, FL 33477	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR John E. Curry 227 W. New England Ave., Suite C Winter Park, Florida 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500111545515 10/31/07--01028--006 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE: 10/26/07 (407) 629-4776 <small>Daytime Phone #</small>	