

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000004739

**FILED**  
**Jan 11, 2005**  
**Secretary of State**

**Entity Name:** SWEENEY & COMPANY, CPAS, LLC

**Current Principal Place of Business:**

2419 EAST COMMERCIAL BLVD., SUITE #302  
FT. LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

2419 EAST COMMERCIAL BLVD., SUITE #302  
FT. LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** 65-1174549

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SWEENEY, HARRY D  
2419 EAST COMMERCIAL BLVD., SUITE #302  
FT. LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: SWEENEY, HARRY D  
Address: 2419 E. COMMERCIAL BLVD., SUITE 302  
City-St-Zip: FORT LAUDERDALE, FL 33308

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: HARRY D. SWEENEY

MGR

01/11/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date