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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000016905

1. Entity Name
SWEEPER MAN, LLC

Principal Place of Business	Mailing Address
8012 KANSAS RD FT. MYERS, FL 33912	8012 KANSAS RD FT. MYERS, FL 33912

DO NOT WRITE IN THIS SPACE

02162006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
16-1667439
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DOWNARE, TAB
8012 KANSAS RD
FT. MYERS, FL 33912

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	DOWNARE, TAB
STREET ADDRESS	8012 KANSAS RD
CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	MGRM
NAME	DOWNARE, TAGGART
STREET ADDRESS	1249 2 1/2 STREET
CITY-ST-ZIP	SARTELL, MN 56377
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000143777
02/02/06-80014-013 50.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #