2004-LIMITED LIABILITY COMPANY

SIGNATURE:

	ANNUAL REPORT (AR)							FILED					
DOCUMENT # L03000039487  1. Entity Name							Jan 29, 2004 08:00 AM Secretary of State						
SWEET T	TOOTH LLC				1								
Principal Place of Business			Mailing Address										
1077 DEES DRIVE OVIEDO FL 32765			1077 DEES DRIVE OVIEDO FL 32765					lenimit Mil Mater	ress dweer main		##### ################################	PRES 200 (RES)	
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt #, etc.				·	MOOF	RΕ	CR2E08	3 (11/03)		
City & State			City & State				4. FEI Nur	nber				plied For it Applicable	
Zip	Сои	ntry	Z:p	itry	5. Certificate of Status			Desired	sired \$5.00 Additional Fee Regulred				
	6. Name and A	ddress of Current Rep	Registered Agent				7. Name a	nd Address	of New F				
990	JOSED HABOI	D			Name								
PROSSER, HAROLD 1077 DEES DRIVE OVIEDO FL 32765				Street A	ddress (F	is (P.O. Box Number is Not Acceptable)							
					City			-	<u> </u>		7:- 0:-1		
0.75				1				40.00	FL	. ,			
the obliga	tions of registered ac	its this statement for the gent.	e purpose of changing as	register	ed office or	registere	ed agent, or	both, in the S	State of Fl	onda. lam	familiar with,	and accept	
SIGNATURE	Signature, typed or printed	name of registered agent and s	rie il applicable (NOT	E Pegistero	d Agent signati	nue uediniues;	wnen reinstating)			STAG			
			FILE N	!!!WC	FEE IS \$	50.00						·	
			Make Check Payab		-		nt of State						
		AND	<u> </u>		ay 1, 2004	<del>4</del> 		<u> </u>	- i <del>o -</del>				
9. TRLE	MGR	ANAGING MEMBERS	RS/MANAGERS 10		F			AD	DITIONS	/CHANGES	☐ Change	☐ Addition	
NAME	PROSSER, HAROLD				NAME			U(I)	00001	3507	- •	s Addition	
STREET ADDRESS CETY-ST-ZIP	(1311 5003 5112		3		STREET ADDRESS		U1/29/04-80032-007				55,00		
TITLE	OVIEDO FL 3276	<u> </u>			TY- ST- Z(P								
NAME			☐ Delete	TITE! NAM							Change	☐ Addition	
STREET ADDRESS					eet address								
CXTY - ST - ZXP				-	'-ST-ZIP		·				<del> </del>		
TITLE NAME			☐ Delete	T(TE) NAM	3						Change	Addition	
STREET ADDRESS					EET ADDRESS								
CITY-ST-ZIP				CITY	'-\$3 -ZIP								
TITLE NAME			☐ Oefete	1870	{						☐ Change	☐ Addition	
STREET ADDRESS				NAM STRE	EET ADORESS								
CITY-ST-ZIP					-ST- Z8P								
TITLE			☐ Delete	TRU	t t						☐ Change	Addition	
NAME STREET ADDRESS				MAM Stre	iet address								
City-St-Zip					-ST-ZIP								
TOLE			☐ Delete	ក្រ	E				<del></del>		☐ Change	Addition	
name Street address				MAM	3								
CITY-ST-ZIP					FT ADDRESS -SI-ZIP								
11. I hereby	certify that the inform	ation supplied with this	s filing does not qualify fo t my signature shall have		<u> </u>	ted in Sea	ction 119.07(	3)(i), Florida	Statutes.	I further cer	tify that the in	nformation	
indicated limited lia	i on this report is true ability company or thy	and accurate and that receiver or trustee en	t my signature shall have npowered to execute this	the same report as	e legal effei s required b	ct as if m by Chapt	iade under o: er 608, Floric	ath; that I an Ia Statutes.	a mana	ging membe	er or manage	r of the	
	7	TAROLD	1180550	EL.									