

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000049605

**Entity Name:** JAMES DEAN SWEENEY, LLC

**FILED**  
**Jan 30, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

501 E. INDIANA STREET  
FLORAHOME, FL 321400041

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 41  
FLORAHOME, FL 32140

**New Mailing Address:**

**FEI Number:** 37-1491653

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SWEENEY, JAMES DEAN  
501 E. INDIANA STREET  
FLORAHOME, FL 321400041 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: SWEENEY, JAMES DEAN  
Address: 501 E. INDIANA STREET  
City-St-Zip: FLORAHOME, FL 321400041

**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 exemption stated in Chapter 119, 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: JAMES DEAN SWEENEY

MGR

01/30/2008

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