


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # L04000000273 1. Entity Name SOWARDS L.L.C.	
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Principal Place of Business
150 MANDARIN
WINTER HAVEN, FL 33884

Mailing Address
150 MANDARIN DR
WINTER HAVEN, FL 33884



01072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-1090863	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SOWARDS, NORMAN D
150 MANDARIN DR
WINTER HAVEN, FL 33884

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SOWARDS, NORMAN D 150 MANDARIN DR WINTER HAVEN, FL 33884
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03/05/05-80032-007 55.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Norman D Sowards*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/1/05

Date

863-875-1435

Daytime Phone #