

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90125 011 ****50.00

DOCUMENT # L04000001144					
1. Entity Name SWEDICAN, LLC				Principal Place of Business 2015 SOUTH TUTTLE AVENUE SARASOTA, FL 34239	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				Mailing Address P.O. BOX 1418 SARASOTA, FL 34230 Suite, Apt. #, etc. City & State Zip Country	
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country				04282005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-0632123				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RALPH L. FRIEDLAND, P.A. 2033 MAIN STREET SUITE 100 SARASOTA, FL 34237				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEGER, CHRIS P.O. BOX 1418 SARASOTA, FL 34230	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEGER, EVA L P.O. BOX 1418 SARASOTA, FL 34230	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEGER, EVA L P.O. BOX 1418 SARASOTA, FL 34230	<input type="checkbox"/> Delete			
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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: <u>Chris E Seger</u> <u>4/28/05</u> <u>(941)365-1119</u>					