


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000001144</b> 1. Entity Name SWEDICAN, LLC	
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Principal Place of Business 2015 SOUTH TUTTLE AVENUE SARASOTA, FL 34239	Mailing Address P.O. BOX 1418 SARASOTA, FL 34230
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**DO NOT WRITE IN THIS SPACE**



05092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0632123	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  RALPH L. FRIEDLAND, P.A. 2033 MAIN STREET SUITE 100 SARASOTA, FL 34237
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00**  
**Due by September 6, 2006**

000000570864  
07/18/06-80013-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEGER, CHRIS P.O. BOX 1418 SARASOTA, FL 34230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEGER, EVA L P.O. BOX 1418 SARASOTA, FL 34230
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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

7/12/06 (941) 365-1119

Date Daytime Phone #