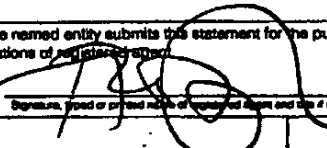
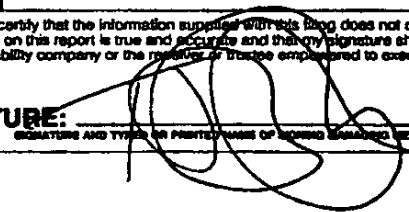


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/8/2005-90148-004-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 25 AM 10:41

DOCUMENT # L04000009324			
1. Entity Name SWEEPER MAN LLC			
Principal Place of Business 1067 NW 124TH STREET SUNRISE, FL 33323 US		Mailing Address 1067 NW 124TH STREET SUNRISE, FL 33323 US	
2. Principal Place of Business 11718 42nd Rd N.		3. Mailing Address 11718 42nd Rd N.	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State Royal Palm Beach, FL		City & State Royal Palm Beach, FL	
Zip 33411		Zip 33411	
Country USA		Country USA	
4. FEI Number 26-0090640		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CRANE, TREVOR 27594 IMPERIAL RIVER ROAD BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent Name TREVOR CRANE Street Address (P.O. Box Number is Not Acceptable) - 11718 42nd Rd N. Royal Palm Beach FL 33411	
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 		DATE 8-1-05	
Filing Fee to \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRANE, TREVOR 27594 IMPERIAL RIVER ROAD BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Crane, Trevor 11718 42nd Rd North Royal Palm Beach, FL 33411
☐ Delete		☒ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
11. I hereby certify that the information supplied on this form 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 member or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		Date 8-1-05 501-615-1853	
SIGNATURE AND TYPE OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	