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	Mailing Address
1067 NW 124TH STREET SUNRISE, FL 33323 US	1067 NW 124TH STREET SUNRISE, FL 33323 US

2. Principal Place of Business	3. Mailing Address
11718 42nd Rd N.	11718 42nd Rd. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Royal Palm Beach, FL	City & State: Royal Palm Beach, FL
Zip: 33411 Country: USA	Zip: 33411 Country: USA

08012005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 26-0010640 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRANE, TREVOR 27594 IMPERIAL RIVER ROAD BONITA SPRINGS, FL 34134	Name: Trevor Crane Street Address (P.O. Box Number is Not Acceptable) – 11718 42nd Rd N. City: Royal Palm Beach FL Zip Code: 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: [signature] 8-1-05

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 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 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 8-1-05 561-615-1853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #