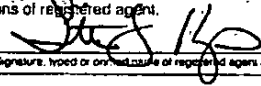
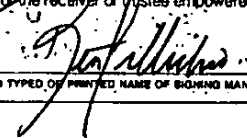


FILED
Apr 21, 2005 8:00 am
Secretary of State

03-28-2005 90290 023 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000014352			
1. Entity Name SWEETVIEW INVESTMENTS, L.L.C.			
Principal Place of Business 5400 S. UNIVERSITY DRIVE #608 DAVIE, FL 33328		Mailing Address 5400 S. UNIVERSITY DRIVE #608 DAVIE, FL 33328	
2. Principal Place of Business 1485 N. PARK DRIVE		3. Mailing Address 1485 N. PARK DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Weston, FL		City & State Weston, FL	
Zip 33326		Country USA	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		4. FEI Number 01102005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent BORKSON, ELLIOT P 1313 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name: STEVEN Y. ICARP CPA Street Address (P.O. Box Number is Not Acceptable) 12460 W. ATLANTIC BLVD City: CORAL SPRINGS FL Zip Code: 33071	
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 reappointing) 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: MGR. ☐ Delete NAME: FILLICHIO, BEN STREET ADDRESS: 5400 S. UNIVERSITY DRIVE, SUITE 608 CITY-ST-ZIP: DAVIE, FL 33328		TITLE: MGR. ☒ Change ☐ Addition NAME: FILLICHIO, BEN STREET ADDRESS: 1485 N. PARK DR CITY-ST-ZIP: WESTON, FL 33326	
TITLE: MGR. ☒ Delete NAME: GENNACO, JOSEPH STREET ADDRESS: 2 CHAMBERLAIN AVE. CITY-ST-ZIP: WINTHROP, MA 02152		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: MGR. ☒ Delete NAME: CONGEMI, JOHN M III STREET ADDRESS: 1015 TRAILMORE LANE CITY-ST-ZIP: WESTON, FL 33326		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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 its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		11/10/05 (954) 762-6161	
SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	