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

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

30004148

## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000014352

1. Entity Name
SWEETVIEW INVESTMENTS,L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 5400 S. UNIVERSITY DRIVE<br>#608<br>DAVIE, FL 33328 | 5400 S. UNIVERSITY DRIVE<br>#608<br>DAVIE, FL 33328 |

01102005 Chg-LLC CR2E083 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1485 N. PARK DRIVE<br>Suite, Apt. #, etc. | 1485 N. PARK DRIVE<br>Suite, Apt. #, etc. |
| City & State: WESTON, FL | City & State: WESTON FL |
| Zip: 33326 Country: USA | Zip: 33326 Country: USA |

4. FEI Number ☐ 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 |
|---|---|
| BORKSON, ELLIOT P<br>1313 SOUTH ANDREWS AVENUE<br>FT. LAUDERDALE, FL 33316 | Name: STEVEN Y. ICARP CPA<br>Street Address (P.O. Box Number is Not Acceptable): 12460 W. ATLANTIC BLVD<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 | MGR.<br>FILLICHIO, BEN<br>5400 S. UNIVERSITY DRIVE, SUITE 608<br>DAVIE, FL 33328 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>FILLICHIO BEN<br>1485 N. PARK DR<br>WESTON, FL 33326 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR.<br>GENNACO, JOSEPH<br>2 CHAMBERLAIN AVE.<br>WINTHROP, MA 02152 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR.<br>CONGEMI, JOHN M III<br>1015 TRAILMORE LANE<br>WESTON, FL 33326 | ☑ 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 |
| 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 |

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:** _____ 1/10/05 (954) 762-6161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #