


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90048 013 \*\*\*\*50.00

<b>DOCUMENT # L04000020894</b> 1. Entity Name <b>SWEETWATER MANAGEMENT CO., LLC</b>					
Principal Place of Business <b>320 SOUTH DELAWARE AVENUE TAMPA, FL 33606-2106</b>			Mailing Address <b>320 SOUTH DELAWARE AVENUE TAMPA, FL 33606-2106</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>CHANGE OF MAILING ADDRESS:</b> <b>2626 N DUNDEE STREET TAMPA, FL 33629-7538</b>			
City & State		City & State		4. FEI Number <b>16-1700604</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LOPEZ, ESTELLE 320 SOUTH DELAWARE AVENUE TAMPA, FL 33606-2106</b>			7. Name and Address of New Registered Agent <b>CHANGE OF MAILING ADDRESS:</b> <b>2626 N DUNDEE STREET TAMPA, FL 33629-7538</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating);</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to: Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ESTELLE LOPEZ - MANAGING DIRECTOR <i>MGRM</i> 2626 N DUNDEE STREET TAMPA, FL 33629-7538	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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.					
<b>SIGNATURE:</b> <i>Estelle Lopez</i>			<b>4/20/05 (813) 294-9778</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		