2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2005
Secretary of State

DOCUMENT# L04000030576

Entity Name: SWEETWATER ESTATES PARTNERS LLC

Current Principal Place of Business:

1531 NORTH FEDERAL HIGHWAY
LAKE WORTH, FL 33460 US

New Principal Place of Business:

<UNUSED>
LAKE WORTH, FL 33460 US

Current Mailing Address:

3257 VALLEY ROAD
ATLANTA, GA 303051152 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HORAN, JOHN
1531 NORTH FEDERAL HIGHWAY
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	HORAN, JOHN	
Address:	1531 NORTH FEDERAL HIGHWAY	
City-St-Zip:	LAKE WORTH, FL 33460 US	
Title:	MGRM	( ) Delete
Name:	SINGLETARY, MCHAEL	
Address:	19 JEFFERSON LANDING	
City-St-Zip:	DAYTONA BEACH, FL 32118 US	
Title:	MGRM	( ) Delete
Name:	KENNELLY, ROBERT C	
Address:	3257 VALLEY ROAD	
City-St-Zip:	ATLANTA, GA 303051152 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT KENNELLY MGRM 01/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date