

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90137 005 \*\*\*\*50.00

**DOCUMENT # L04000033420**

1. Entity Name  
SWEET HOME WINTER PARK, LLC



Principal Place of Business

311 NIBLICK AVENUE  
ORLANDO, FL 32804

Mailing Address

311 NIBLICK AVENUE  
ORLANDO, FL 32804

20001846



01052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-1077181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ICARDI, JEFFREY A  
~~549 WYMORE ROAD, NORTH SUITE 109~~  
~~MAITLAND, FL 32754~~

2180 WEST STATE ROAD 434  
SUITE 6190  
LONGWOOD, FL 32779

**DO NOT WRITE  
IN THIS SPACE**

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, 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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
MGRM  
MCKINNEY, JOHN H  
STREET ADDRESS  
311 NIBLICK AVENUE  
CITY-ST-ZIP  
ORLANDO, FL 32804

TITLE  
NAME  
MGRM  
MCKINNEY, SANDRA L  
STREET ADDRESS  
311 NIBLICK AVENUE  
CITY-ST-ZIP  
ORLANDO, FL 32804

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-5-06 407-616-3892