

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 07, 2006 8:00 am**  
**Secretary of State**

09-07-2006 90036 017 \*\*\*\*50.00

<b>DOCUMENT # L05000032405</b> 1. Entity Name <b>SWEETWATER FARMS LLC</b>					
Principal Place of Business <b>5276 JOHNSTON ROAD</b> <b>ZOLFO SPRINGS, FL 33890 US</b>			Mailing Address <b>5276 JOHNSTON ROAD</b> <b>ZOLFO SPRINGS, FL 33890 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. EEI Number <b>12-2730604</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BRYSON, AARON G</b> <b>241 20TH STREET NE</b> <b>NAPLES, FL 34120</b>				7. Name and Address of New Registered Agent Name <b>John C Updike</b> Street Address (P.O. Box Number is Not Acceptable) <b>536 Johnston Rd</b> <b>Zolfo Springs</b> City <b>FL</b> Zip Code <b>33890</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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>8/22/06</b>	
<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UPDIKE, JOHN C 5276 JOHNSTON ROAD ZOLFO SPRINGS, FL 33890			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRYSON, AARON G 5276 JOHNSTON ROAD ZOLFO SPRINGS, FL 33890			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:				Date <b>8/22/06</b> Daytime Phone # <b>837-781-1412</b>	