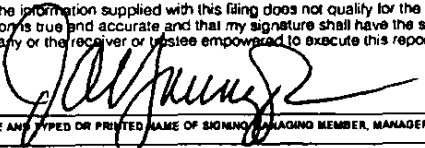


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/ FILED  
Jul 13, 2006 8:00 am  
Secretary of State

05-04-2006 90029 010 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                     |                                                                      |                                                                                   |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| DOCUMENT # L05000055546                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   |                     |                                                                      |  |                                                                   |
| 1. Entity Name<br>SWEETWATER SPRINGS ASSOCIATES, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                   |                     |                                                                      |                                                                                   |                                                                   |
| Principal Place of Business<br>308 SOUTH JEFFERSON STREET<br>PENSACOLA, FL 32502                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                     | Mailing Address<br>308 SOUTH JEFFERSON STREET<br>PENSACOLA, FL 32502 |                                                                                   |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   | 3. Mailing Address  |                                                                      |                                                                                   |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                   | Suite, Apt. #, etc. |                                                                      |                                                                                   |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                   | City & State        |                                                                      |                                                                                   |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                           | Zip                 | Country                                                              |                                                                                   |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br>MATTHEWS, EDELL F. JR.<br>308 SOUTH JEFFERSON STREET<br>PENSACOLA, FL 32502                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                   |                     |                                                                      | 7. Name and Address of New Registered Agent                                       |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                     |                                                                      | Name                                                                              |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                     |                                                                      | Street Address (P.O. Box Number is Not Acceptable)                                |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                     |                                                                      | City                                                                              |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                     |                                                                      | FL                                                                                | Zip Code                                                          |
| 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                   |                     |                                                                      |                                                                                   |                                                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                     |                                                                      | Make check payable to<br>Florida Department of State                              |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                   |                     |                                                                      | 10. ADDITIONS/CHANGES                                                             |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MGRM<br>YOUNG, JAMES A JR.<br>5049 BASIN AVE.<br>MILTON, FL 32583 <input type="checkbox"/> Delete |                     |                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                   |                     |                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                   |                     |                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                   |                     |                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                   |                     |                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                   |                     |                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                  | <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:                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                   |                     |                                                                      | 4-26-06                                                                           |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                   |                     |                                                                      | Date Daytime Phone #                                                              |                                                                   |