



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 03, 2006 8:00 am**  
**Secretary of State**

07-03-2006 90094 037 \*\*\*\*50.00

DOCUMENT # L05000074100					
<b>1. Entity Name</b> SWEETNESS, LLC					
<b>Principal Place of Business</b> 5132 W. SAN JOSE STREET TAMPA, FL 33629			<b>Mailing Address</b> 5132 W. SAN JOSE STREET TAMPA, FL 33629		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06232006 Chg-LLC CR2E083 (11/05)	
City & State		City & State		<b>4. FEI Number</b> 20-3202899	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HOCHBERG, DAVID A 5132 W. SAN JOSE STREET TAMPA, FL 33629				<b>7. Name and Address of New Registered Agent</b>	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
<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.</b>					
SIGNATURE <u>David A. Hochberg</u> <u>6/23/06</u> <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	CO-MANAGER	
CITY-ST-ZIP			CITY-ST-ZIP	MARK WRIGHT	
				15 LADOGA AVE	
				TAMPA, FL 33606	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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.</b>					
SIGNATURE: <u>David A. Hochberg</u> <u>6/23/06</u> <u>813-263-5604</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					