

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT


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

04-03-2006 90063 038 \*\*\*\*55.00

**DOCUMENT # L05000099128**

1. Entity Name  
A CLEAN SWEEP LLC

.... IM %\*  
-AC-1



Principal Place of Business      Mailing Address

355 HORIZON DR.      355 HORIZON DR.  
N. FT. MYERS, FL 33903      N..FT. MYERS, FL 33903

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



03052006    Chg-LLC    CR2E083 (11/05)

4. FEI Number 20-4425624      Applied For  
Not Applicable

5. Certificate of Status Desired    X    \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

A1A REGISTERED AGENT INC.  
92 SADBERRY ROAD  
QUINCY, FL 32351

7. Name and Address of New Registered Agent

Name  
CHARLES MADDEN  
Street Address (P.O. Box Number is Not Acceptable)  
355 N HORIZON DR  
N FT. MYERS  
City      FL      Zip Code 33903

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, 2606**

Make check payable to  
Florida Department of State


9. MANAGING MEMBERS/ MANAGERS

TITLE NAME STREET ADDRESS	MGRM STYNER, DELORIS 355 HORIZON DR. N. FT. MYERS, FL 33903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS	MGRM MADDEN, CHARLES L JR. 355 HORIZON DR. N. FT. MYERS, FL 33903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS		<input type="checkbox"/> Delete

10. ADDITIONS /CHANGES

TITLE NAME STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS		<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:       4-1-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #