

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122410

Entity Name: SWEET SAVOR LLC

FILED
May 19, 2006
Secretary of State

Current Principal Place of Business:

9838 OLD BAYMEADOWS ROAD, #222
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9838 OLD BAYMEADOWS ROAD, #222
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 42-1689240 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

AGENTS AND CORPORATIONS, INC.
SUITE E
773 4TH AVENUE NORTH
NAPLES, FL 34102 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NICHOLS, ANN
Address: 9838 OLD BAYMEADOWS ROAD, #222
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NICHOLS, ANN K
Address: 9838 OLD BAYMEADOWS ROAD, #222
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Change (X) Addition
Name: NICHOLS, CHARLES A
Address: 9838 OLD BAYMEADOWS ROAD, #222
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANN K. NICHOLS

MGR

05/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date