

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005605

FILED  
May 06, 2007  
Secretary of State

Entity Name: SWEENEY INVESTMENTS, LLC

**Current Principal Place of Business:**

6101 N W 60 TERRACE  
PARKLAND, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

6101 N W 60 TERRACE  
PARKLAND, FL 33067

**New Mailing Address:**

FEI Number: 20-4120550      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:**

ALLAN SERCHAY, CPA  
5300 N W 33 AVENUE  
117  
FT LAUDERDALE, FL 33309 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: MGRM ( ) Delete  
Name: SWEENEY, THOMAS  
Address: 6101 N W 60 TERRACE  
City-St-Zip: PARKLAND, FL 33067

Title: MGR ( ) Delete  
Name: SWEENEY, BARBARA  
Address: 6101 N W 60 TERRACE  
City-St-Zip: PARKLAND, FL 33067

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS SWEENEY

TS

05/06/2007

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