2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L06000014192 FILED 1. Entity Name KATHY'S SWEEPING BEAUTY, LLC. Jul 22, 2008 08:00 AM **Secretary of State** Principal Place of Business Mailing Address **4001 CINDY AVENUE 4001 CINDY AVENUE** NAPLES, FL 34112 NAPLES, FL 34112 07182008No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4267457 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EATON, KATHLEEN E DO NOT WRITE **40001 CINDY AVENUE** NAPLES, FL 34112 IN THIS SPACE 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 reinstating) 07/22/08-80014-020-138.75 FILE NOWIII FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Due by September 12, 2008 liability company did not receive the prior notice. MANAGING MEMBERS/MANAGERS 9. MGR TITLE EATON, KATHLEEN E NAME **4001 CINDY AVENUE** STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34112 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS' CITY-ST-ZIP