


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90031 023 \*\*\*138.75

<b>DOCUMENT # L06000070435</b> 1. Entity Name <b>SWEET DAUGHTER PROPERTIES, LLC</b>			
Principal Place of Business <b>1627 PASSAIC AVENUE FORT MYERS, FL 33901 US</b>		Mailing Address <b>1627 PASSAIC AVENUE FORT MYERS, FL 33901 US</b>	
2. Principal Place of Business - No P.O. Box # <b>870 W. Hickpochee Ave Ste. 1600</b>		3. Mailing Address <b>870 W. Hickpochee Ave Ste. 1600</b>	
Suite, Apt. #, etc. <b>Ste. 1600</b>		Suite, Apt. #, etc. <b>Ste. 1600</b>	
City & State <b>LaBelle</b>		City & State <b>Florida 33935</b>	
Zip <b>33935</b>		Country <b>Hendry</b>	
4. FEI Number <b>20-5209364</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>YARBROUGH, ANN 1627 PASSAIC AVENUE FORT MYERS, FL 33901</b>		7. Name and Address of New Registered Agent Name <b>LINDA DEKLE DAVIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>870 W. Hickpochee Ave Ste 1600</b> City <b>LA BELLE</b> <b>FL</b> Zip Code <b>33935</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. SIGNATURE <u><i>Linda Dekle Davis</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR YARBROUGH, ANN 1627 PASSAIC AVENUE FORT MYERS, FL 33901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR. LINDA DEKLE DAVIS <del>870</del> 870 W. Hickpochee Ave Ste 1600 LA BELLE FL 33935 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: <u><i>Linda Dekle Davis</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		4/30/08 863-517-1153 <small>Date Daytime Phone #</small>	