


**FILED**  
**May 31, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90341 043 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

30009238

<b>DOCUMENT # L06000090700</b>			
1. Entity Name <b>SWEAT, LLC</b>			
Principal Place of Business <b>4509 S.W. HOPKINS AVE. TITUSVILLE, FL 32780-6691</b>		Mailing Address <b>1081 TURNBULL CREEK ROAD NEW SMYRNA BEACH, FL 32168</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>LANE, K. JUDITH ESQ. 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118</b>		7. Name and Address of New Registered Agent Name <b>PATRICIA A. RAY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1081 TURNBULL CREEK RD</b> City <b>New Smyrna Beach FL</b> Zip Code <b>32168</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR RAY, PATRICIA 4509 S.W. HOPKINS AVE. TITUSVILLE, FL 327806691 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE:</b> <i>Pat Ray</i>		4-16-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	