## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 30, 2008 8:00 am Secretary of State

DOCUMENT # L07000081210  1. Entity Name SWEET CHEEKS, LLC.		210			Secretary of State 05-30-2008 90019 006 ***138.75		
Principal Place		Mailing Address					
5 CALLE UNO KEY WEST, FL 33040 US		5 CALLE UNO Key West, Fl. 33040 US		Ì			
				i ismna		7 <b>6817) (882) (1818 (177)</b> (883) <b>68</b> 7	in a ar
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05072008	Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Numbe	N .		plied For t Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S \$5.00 Add Fee Required	
	5. Name and Address of Current R	egistered Agent	Name	7. Name and	Address of New R	legistered Agent	
TISCHENKEL, ROBERT		,					
201 FRONT STREET SUITE 331		Street Address (		s (P.O. Box Numb	er is Not Acceptable	<del>0</del> )	·
KEY WES	T, FL 33040						
			City			FL Zip Code	3
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent expecture required when renatizing)  DATE							
FILE NOW!!! FEE 18 \$138.78 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the liability company did not receive the prior no			ne limited Make check payable to tice. Florida Department of State		
		in accordance with a liability company did	s. 607.193(2)(b), F.S., not receive the prior	the limited notice.			•
	by September 12, 2008  MANAGING MEMBER	liability company did	s. 607.193(2)(b), F.S., not receive the prior	the limited notice.		Department of State	1"
Due	by September 12, 2008	liability company did	not receive the prior	the limited notice.	Florida	Department of State	Addition
9ITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM WILBARGER, MARILYN D 5 CALLE UNO	S/MANAGERS	10. TITLE NAME STREET ADDRESS	the limited notice.	Florida	n Department of State	
9TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM WILBARGER, MARILYN D 5 CALLE UNO 3 KEY WEST, FL 33040 MGRM TISCHENKEL, ROBERT 201 FRONT STREET, SUITE 331	Ilability company did	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	the limited notice.	Florida	Department of State /CHANGES  Change	Addition
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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Rorida 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, Rorida Statutes.

SIGNATURE: DESIGNATURE AND TYPES ON PRINTED NAME OF SIGNING MANAGERS MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DESIGN DESIGN DESIGN Phone of