

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M02000002029**

1. Entity Name  
**SWEET CANDY, LLC**



Principal Place of Business  
**4165 EAST LA PALMA  
SUITE 200  
ANAHEIM, CA 92807**

Mailing Address  
**4165 EAST LA PALMA  
SUITE 200  
ANAHEIM, CA 92807**



03122004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0729397**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PARACORP INCORPORATED  
236 EAST 6TH AVE.  
TALLAHASSEE, FL 32303**

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000100214  
03/31/04-80037-013 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
KIM, WOOK JIN  
3370 GRAND AVE. 2ND FLR.  
CHINO HILLS, CA 91709**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
PINECREEK CAPITAL  
24 CORPORATE PLAZA #160  
NEWPORT BEACH, CA 92660**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
ST. CLOUD CAPITAL PARTNERS  
433 N. CAMDEN DR. #500  
BEVERLY HILLS, CA 91290**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**03/24/04**

Date

**(714) 223-1060**

Daytime Phone #