


FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
FILED**

1997 FEB 14 AM 10:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

| | | |
|--|---|---|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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|--------------------------------|---|
| FILING FEE \$ 203.75 | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE |
|--------------------------------|---|

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|--|-------------------------------|
| 1. Name and Mailing Address of Limited Liability Company | DOCUMENT #M93000000004 |
| SWEETWATER LIMITED LLC, L.C. 2323 WINDWARD WAY NAPLES FL 33940 | |
| If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. | |

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| 1a. Principal Place of Business Address |
| 2323 WINDWARD WAY NAPLES FL 33940 |

| | |
|---|---------------------|
| 2. Principal Place of Business 2323 WINDWARD WAY | 2a. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State NAPLES FL | City & State |
| Zip 34103 | Country |

| | |
|--|---|
| 3. Date Organized or Qualified 10/29/1993 | 3a. State of Formation IN |
| 4. FEI Number 35-1892682 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Date of Last Report 02/26/1996 | 6. Certificate of Status Desired <input type="checkbox"/> No Fee Additional Fee Required |

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|--|
| 7. Name and Address of Current Registered Agent |
| ROZZI, JAMES W 2323 WINDWARD WAY NAPLES FL 33940 |

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|--|
| 8. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| Suite, Apt. #, etc. |
| City |
| Zip Code FL 34103 |

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|-------------------------|--------------------------|
| MGRM | ROZZI, JAMES W | 2323 WINDWARD WAY | NAPLES FL 34103 |
| MGRM | ROZZI, SUE E | 2323 WINDWARD WAY | NAPLES FL 34103 |

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****203.75 ****203.75

2/14/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  **James W. Rozzi** **2/11/97** **26/2933**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #