


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000008295
 1. Entity Name
 ARBOR SQUARE REALTY CO., L.L.C.



Principal Place of Business
 4996 W. ATLANTIC BLVD.
 MARGATE, FL 33063

Mailing Address
 P.O. BOX 8552
 CORAL SPRINGS, FL 33075

DO NOT WRITE IN THIS SPACE



01132005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1107626	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PETER J SCHWEITZER & ASSOC., INC.
 4996 WEST ATLANTIC BLVD.
 MARGATE, FL 33063

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHWEITZER REALTY GROUP, LTD. P.O. BOX 8552 CORAL SPRINGS, FL 33075
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11. I 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 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:  **2/22/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #