


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 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**



01232006 No Chg-LLC CR2E083 (11/05)

4. FEI Number  
**65-1107626**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**PETER J SCHWEITZER & ASSOC., INC.  
4996 WEST ATLANTIC BLVD.  
MARGATE, FL 33083**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2008**

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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100000423235  
02/17/06-80048-023 50.00

**DO NOT WRITE  
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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.

SIGNATURE:  2/2/06 9549720322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #