SIGNATUR

that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051755

Entity Name: STEIN & SCHWARTZ PROPERTIES, LLC

Current Principal Place of Business:

1500 NORTH DIXIE HIGHWAY STE. 304 WEST PALM BEACH, FL 33401

Current Mailing Address:

1500 NORTH DIXIE HIGHWAY STE. 304 WEST PALM BEACH, FL 33401

FEI Number: 59-2528937

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SCHWARTZ, RICHARD GMD 1500 NORTH DIXIE HWY SUITE 304 WEST PALM BEACH, FL 33401 US

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. SIGNATURE:

Authorized Percen(c) Detail :

Authorized Person(s) Detail :				
Title	MGRM	Title	MGRM	
Name	STEIN, JEFFREY VMD	Name	SCHWARTZ, RICHARD GMD	
Address	27 RABBITS RUN	Address	1500 NORTH DIXIE HIGHWAY, STE.	
City-State-Zip:	PALM BEACH GARDENS FL 33418		304	
		City-State-Zip:	WEST PALM BEACH FL 33401	

RE: JEFFREY VICTOR STEIN, M.D.	MANAGER

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and

Date

Certificate of Status Desired: Yes

FILED Jan 13, 2015 Secretary of State CC4260986952

> 01/13/2015 Date