2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000002721

1. Entity Name NEUWIRTH INVESTMENTS, L.C.

Mar 16, 2004 08:00 AM Secretary of State

FILED

Principal Place of Business

413 COCONUT ISLE DR. FORT LAUDERDALE, FL 33301 Mailing Address

413 COCONUT ISLE DR. FORT LAUDERDALE, FL 33301



02192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0990344 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GLASSER, GENE C/O ABRAMS, ANTON P. A. 2021 TYLER STREET HOLLYWOOD, FL 33022

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Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstading) DATE Filling Fee is \$50.00	<u> </u>
Filing Fee is \$50.00	
Due by May 1, 2004 U0000089989 U3/16/04-80012-014 &5	30

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	MGR NEUWIRTH, BARBARA 413 COCONUT ISLE DRIVE FT LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY+ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
RILE Hame Street address City-St-IP		
* TITLE ************************************		

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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)(1). 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 eath; 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: MULLIAND SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/4/2004 (9/54)765-5566