


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000002721</b>		
1. Entity Name <b>NEUWIRTH INVESTMENTS, L.C.</b>		
Principal Place of Business	Mailing Address	
<b>413 COCONUT ISLE DR. FORT LAUDERDALE, FL 33301</b>	<b>413 COCONUT ISLE DR. FORT LAUDERDALE, FL 33301</b>	

**DO NOT WRITE IN THIS SPACE**



01132005No Chg-LLC

CR2E083 (10/03)

<b>4. FEI Number</b> <b>65-0990344</b>		Applied For
		Not Applicable
<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent	
GLASSER, GENE C/O ABRAMS, ANTON P. A. 2021 TYLER STREET HOLLYWOOD, FL 33022	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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEUWIRTH, BARBARA 413 COCONUT ISLE DRIVE FT LAUDERDALE, FL
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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)(f), 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

De

Daytime Phone #