## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L00000002721**

1. Entity Name

NEUWIRTH INVESTMENTS, L.C.



FILED Mar 10, 2008 08:00 AN Secretary of State

Principal Place of Business

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

413 COCONUT ISLE DR. FORT LAUDERDALE, FL 33301



02262008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0990344 Applied For Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GLASSER, GENE C/O GREENSPOON MARDER PA 100 W CYPRESS CREEK RD, STE 700 FORT LAUDERDALE, FL 33309

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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	Signature, typed or printed name of registered agent and lide if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75			
9	MANAGING MEMBERS/MANAGERS	·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEUWIRTH, BARBARA 413 COCONUT ISLE DRIVE FT LAUDERDALE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000854179 03/26/08-80098-012 143.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE ! NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			