


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000005561 1. Entity Name SCHUSTER LIMITED COMPANY	
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Principal Place of Business 358 ESPLNADE SUITE 56 BOCA RATON, FL 33432	Mailing Address 358 ESPLNADE SUITE 56 BOCA RATON, FL 33432
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**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1020007	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC.  
5200 BLUE LAGOON DRIVE  
SUITE 700  
MIAMI, FL 33126

**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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHUSTER, BELARMINA 2633 NW 45TH STREET BOCA RATON, FL 33434
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01/30/07-80038-021 50.00

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: Belarminia Schuster Date: 01/15/07

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