


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2004 08:00-AM
Secretary of State

DOCUMENT # L01000019358 1. Entity Name SCHWEIZER CAPITAL MANGEMENT, LLC	
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Principal Place of Business 5790 SW 54 TERRACE MIAMI, FL 33155	Mailing Address 5790 SW 54 TERRACE MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE



02262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1159665	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHWEIZER, DAVID 5790 SW 54 TERRACE MIAMI, FL 33155	DO NOT WRITE IN THIS SPACE
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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 title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000074695
03/03/04-80031-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWEIZER, DAVID 5790 SW 54 TERR MIAMI, FL 33155
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *David Schweizer* **DAVID SCHWEIZER** *Managing Member*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date *4/25/04* Daytime Phone # *786-417-3813*