2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000026112

Entity Name
 SCHWARTZ UTAH, LLC



Principal Place of Business

3363 NE 171 STREET NORTH MIAMI BEACH, FL 33160 Mailing Address

3363 NE 171 STREET

NORTH MIAMI BEACH, FL 33160

FILED Mar 06, 2008 08:00 AN Secretary of State



03032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 74-3069778 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulred

6. Name and Address of Current Registered Agent

KOENIGSBERG, JAY ESQUIRE 1101 BRICKELL AVENUE, SUITE 800-SOUTH MIAMI, FL 33131

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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 rematating)	DATE
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		J
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	SCHWARTZ, DANIEL		
		■	

STREET ADDRESS 3363 NE 171 ST CHTY-ST-ZIP NORTH MIAMI BEACH, FL 33160 TITLE SCHWARTZ, JAY NAME STREET ADDRESS 19500 TURNBERRY WAY 3C AVENTURA, FL 33180 City-St-ZiP TITLE **MGRM** SCHWARTZ, CARRIE NAME STREET ADDRESS 481 GREENWICH, ST #1B CITY-ST-ZIP NEW YORK, NY 10015 TITLE

000000849089 03/21/08-80006-016 138.75

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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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/3/09

954.883.3700

Daytime Phon