


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000012216
 1. Entity Name
 SCHWEDELSON GROUP, LLC



| | |
|---|---|
| Principal Place of Business 3000 NORTH MILITARY TRAIL C/O JAY SCHWEDELSON BOCA RATON, FL 33431 | Mailing Address 3000 NORTH MILITARY TRAIL C/O JAY SCHWEDELSON BOCA RATON, FL 33431 |
|---|---|

DO NOT WRITE IN THIS SPACE



01212005No Chg-LLC CR2E083 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 41-2091430 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

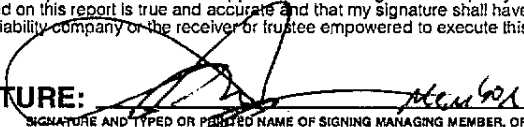
9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SCHWEDELSON, JAY 3000 N MILITARY TRL BOCA RATON, FL 33431 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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03/23/05-80049-012 50.00

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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)(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:  DATE: 03/10/05 DAYTIME PHONE #: 561 393 8200

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