

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 30, 2008 8:00 am
Secretary of State

05-06-2008 90004 034 ***138.75

DOCUMENT # L04000029249

1. Entity Name
SPACE COAST RE INVESTMENTS, LLC



Principal Place of Business
**2107 DAIRY ROAD
MELBOURNE, FL 32904**



Mailing Address
**JOHN SCHWARTZ
815 RUGBY PL
LOUISVILLE KY 40222-5619**



03182008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1085072

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent



**JOHN SCHWARTZ
815 RUGBY PL
LOUISVILLE KY 40222-5619**

**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

John Schwartz

(NOTE: Registered Agent signature required when reissuing)

4/16/08

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

**MGRM
CORDERO, MARIA
2107 DAIRY ROAD
MELBOURNE, FL 32904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
SCHWARTZ, L. JOHN
2107 DAIRY ROAD
MELBOURNE, FL 32904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

John Schwartz

5/27/08

502-619-1825

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

Class

Daytime Phone #