2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

01-14-2005 90038 031 ****50.00

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1. Entity Name
SCHWEY REAL ESTATE, L.L.C.

Principal Place of Business	Mailing Address
1958 33RD AVENUE, SUITE B VERO BEACH, FL 32960	P.O. BOX 5014 VEROP BEACH, FL 32961

30000333

01062005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
1140 - 7 COURT		P.O. BOX 5014	
Suite, Apt. #, etc. SUITE - E		Suite, Apt. #, etc.	
City & State VERO BEACH, FLA.		City & State VERO BEACH, FLA.	
Zip 32961	Country INDIAN RIV.	Zip 32961	Country INDIAN RIV

4. FEI Number 20-1446198 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWEY, JACK J
1958 33RD AVENUE, SUITE B
VERO BEACH, FL 32960

7. Name and Address of New Registered Agent

Name SCHWEY, JACK J.
Street Address (P.O. Box Number is Not Acceptable) 1140 - 7 COURT
SUITE-E
City VERO BEACH, FL Zip Code 32961

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] January 11, 2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWEY, JACK J P.O. BOX 5014 VERO BEACH, FL 32961	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] January 11, 2005 (772) 567-87
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #