

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051937

FILED
Apr 29, 2005
Secretary of State

Entity Name: RANDALL M. SCHWARTZ, DC, LLC

Current Principal Place of Business:

5493 NW 42ND AVENUE
BOCA RATON, FL 33496

New Principal Place of Business:

307 VIA DE PALMAS
BOCA RATON, FL 33432

Current Mailing Address:

5493 NW 42ND AVENUE
BOCA RATON, FL 33496

New Mailing Address:

307 VIA DE PALMAS
BOCA RATON, FL 33432

FEI Number: 20-1403549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, RANDALL M
5493 NW 42ND AVE
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

SCHWARTZ, RANDALL M
307 VIA DE PALMAS
BOCA RATON, FL 33432 US

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.

SIGNATURE:

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SCHWARTZ, RANDALL M
Address: 5493 NW 42ND AVE
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM (X) Delete
Name: SCHWARTZ, ALLAN L
Address: 5493 NW 42ND AVENUE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHWARTZ, RANDALL M
Address: 307 VIA DE PALMAS
City-St-Zip: BOCA RATON, FL 33432

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RANDALL M. SCHWARTZ

MGR

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date