

FILED
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Secretary of State

05-02-2005 90121 009 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000061328			
1. Entity Name SCHWARZ INVESTMENTS GROUP, LLC			
Principal Place of Business 2350 NW. 96 AVENUE MIAMI, FL 33172		Mailing Address 2350 NW. 96 AVENUE MIAMI, FL 33172	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1587182		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWARZ, ALFREDO 2350 NW. 96 AVENUE MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  Agent DATE 4/21/05 Signature, print or stamped name of registered agent and date is applicable. (NOTE: Registered agent signature required when reappointing.)			
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	MGR SCHWARZ, ALFREDO 981 SAN PEDRO AVENUE CORAL GABLES, FL 33156 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHWARZ, ILSE 981 SAN PEDRO AVENUE CORAL GABLES, FL 33156 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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 605, Florida Statutes. SIGNATURE:  Manager DATE 4/21/05 SIGNATURE AND TYPE OR PRINTED NAME OF BEING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			