

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061916

FILED  
Apr 26, 2005  
Secretary of State

**Entity Name:** SCHWEIZER BROTHERS INVESTMENTS, L.L.C.

**Current Principal Place of Business:**

4 LAGUNA STREET, SUITE 201  
FT. WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

4 LAGUNA STREET, SUITE 201  
FT. WALTON BEACH, FL 32548

**New Mailing Address:**

FEI Number: 20-1581400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLBERT, RICHARD M  
125 W. ROMANA STREET, SUITE 800  
PENSACOLA, FL 32502 US

**Name and Address of New Registered Agent:**

SCHWEIZER, TODD  
4 LAGUNA ST  
201  
FORT WALTON BEACH, FL 32548 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: TODD SCHWEIZER

04/26/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: SCHWEIZER, TODD  
Address: 4 LAGUNA ST STE 201  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGR ( ) Change (X) Addition  
Name: SCHWEIZER, JEFF  
Address: 4 LAGUNA ST STE 201  
City-St-Zip: FORT WALTON BEACH, FL 32548

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: TODD SCHWEIZER

MGR

04/26/2005

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