06/21/2006 11:50 FAX 9549229977 003/003

FROM BRENNER & DEINSTAG (TUE)AUG 1 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
6/5/2006-90001-036-$50.00-$50.00
8/14/2006-90123-043-$50.00-$50.00
06 SEP 14 AM 9:06

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000072393

1. Entity Name
SCHWARTZTOL FAMILY, LLC

Principal Place of Business
808 BRICKELL KEY DRIVE, #1801
MIAMI, FL 33131

Mailing Address
808 BRICKELL KEY DRIVE, #1801
MIAMI, FL 33131

08012006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
APPLIED FOR
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWARTZTOL, ROBERT
808 BRICKELL KEY DRIVE, #1801
MIAMI, FL 33131

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 ______________________________ Date
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 14 AM 9:06

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SCHWARTZTOL, ROBERT 808 BRICKELL KEY DRIVE, #1801 MIAMI, FL 33131	☐ 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 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: [signature] 8-04-06 954-922-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #