2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Feb 10, 2006 8:00 am **Secretary of State** DOCUMENT # L05000007689 1. Entity Name 02-10-2006 90166 030 ****50.00 S, SCHWEI ENTERPRISES, LLC Pitcipal Place of Business Mailing Address 6439 LONGLEAF PINE DRIVE 6439 LONGLEAF PINE DRIVE JUPITER FL 33458 JUPITER FL 33458 3. Mailing Address 2. Principal Place of Business 6804 CYMESS Cax Cincle 6804 CYMESS COVE CHELE Suite, Apt. #, eld. 1st MOORE CR2E083 (10/05) City & State 4. FEI Number Applied For City & State Not Applicable \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHWEIGHARDT, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 6439 LONGLEAF PINE DRIVE JUPITER FL 33458 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 Signature, typed or publish name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9: 4 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES PRES. TITLE MGRM ☐ Delete X Change ☐ Addition SCHWEIGHARDT, STEPHEN SCHWEIGHARDT, STEPHEN NAME NAME 6804 CYPRESSCOUE CIRCLE STREET-ADDRESS 6439 LONGLEAF PINE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 JUDITER, FL 33458 TITLE ☐ Detete TITLE Change ☐ Addition NAME SCHWEIGHARDT, SIMON NAME STREET ADDRESS STREET ADDRESS 42 PANCOAST ROAD CITY-ST-ZIP CITY-ST-ZIP WARETOWN NJ 08758 ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P City-St-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 required or trustee empoyeed to execute this report as required by Chapter 608, Florida Statutes.

SIGNING MANAGINA MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #