

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-23-2006 90262 043 ****50.00

DOCUMENT # L05000062511

1. Entity Name
LOUISVILLE SCHMIER LLC



Principal Place of Business
7777 GLADES ROAD, SUITE 201
BOCA RATON, FL 33434

Mailing Address
7777 GLADES ROAD, SUITE 201
BOCA RATON, FL 33434

30004581



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
20-3094917

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROWE, MELISSA
7777 GLADES ROAD, SUITE 201
BOCA RATON, FL 33434

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Managing Member
Jeffrey L. Schmier
777 Glades Rd #201
Boca Raton FL 33434 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Melissa Crowe 3-1-06 (Std) 483-2330

Date

Daytime Phone #

ATTACHMENT

3004581

L05 0000 62511

L & J SCHMIER MANAGEMENT

7777 Glades Road – Suite 201

Boca Raton, FL 33434

Phone (561) 483-2330 Fax (561) 482-3004

March 15, 2006

Florida Dept of State
Divisions of Corporations
P.O. Box 6478
Tallahassee, FL 32314-6478

Dear Sir or Madam:

Enclosed please find the 2006 Limited Liability Company Annual Report for:

	Ck#	Amt
MJSJ United LLC	143	50.00
CS United LLC	2	50.00
6111 Broken Sound LLC	1155	50.00
Broken Sound United (6111) LLC	101	50.00
Louisville United LLC	141	50.00

Thank you and have a good day.

Sincerely,

Arlene Burns

/ab
Encs (5)

4/5/06

I am Resubmitting per your request.
Thank you.
Arlene