2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# L05000062511

Entity Name: LOUISVILLE SCHMIER LLC

Current Principal Place of Business:

6111 BROKEN SOUND PARKWAY NW, SUITE 350
BOCA RATON, FL 33487

New Principal Place of Business:

6111 BROKEN SOUND PKWY NW
SUITE 350
BOCA RATON, FL 33487

Current Mailing Address:

6111 BROKEN SOUND PARKWAY NW, SUITE 350
BOCA RATON, FL 33487

New Mailing Address:

6111 BROKEN SOUND PKWY NW
SUITE 350
BOCA RATON, FL 33487

FEI Number: 20-3094917 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROWE, MELISSA
6111 BROKEN SOUND PKWY, NW STE 350
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

CROWE, MELISSA
6111 BROKEN SOUND PKWY NW
SUITE 350
BOCA RATON, FL 33487 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: MELISSA CROWE 04/21/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SCHMIER, JEFFREY L
Address: 6111 BROKEN SOUND PKWY NW, STE 350
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JEFFREY SCHMIER MGRM 04/21/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date