2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jun 12, 2007 8:00 am Secretary of State

DOCUMENT # L06000022164  1. Entity Name RAYMOND E. SCHWARTZ, LLC						05-14-2007	90365 014 ****5	50.00
Principal Place of Business  3015 S. CONGRESS AVE. LAKE WORTH, FL 33461  Mailing Address 3015 S. CONGRESS AVE LAKE WORTH, FL 33461					30010562			
2. Principal P	lece of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Number	1601		oplied For	
Zip	Country	Zip	Country		5. Certificate of	of Status Desired	\$5.00 Add	ot Applicable ditional
<del></del>	6. Name and Address of Current	Registered Agent	L		7. Name and /	Address of New R	<del></del>	<del> </del>
				Name				
SCHWARTZ, RAYMOND E 3015 S. CONGRESS AVE.				Street Address (	(P.O. Box Number is Not Acceptable)			
LAKE WO	RTH, FL 33461			×		<del></del>		n-
				City			FL Zip Cod	le
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registere	ed office or register	ed agent, or both	, in the State of Flo.	rida. I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent is	and title if applicable. (NOTE	E: Registered	d Agent signature required	l when reinstating)		DATE	<del></del>
Filing Fee is \$50.00 Due by May 1, 2007						<del></del>		
FI D:	iling Fee is \$50.00 ue by May 1, 2007						e check payable to Department of Stat	
Fi Da	iling Fee is \$50.00 we by May 1, 2007 MANAGING MEMBE	RS/MANAGERS	10.			Florida	Department of Stat	<b></b>
	ue by May 1, 2007	RS/MANAGERS	10.				Department of Stat	Addition
9. TITLE NAME	MANAGING MEMBE MGR SCHWARTZ, RAYMOND	<del></del>	_	1		Florida	Department of Stat	
9.	MANAGING MEMBE	<del></del>	TITLE NAME STRE	1		Florida	Department of Stat	
9. THEE NAME STREET ADDRESS	MANAGING MEMBE MGR SCHWARTZ, RAYMOND 3015 S. CONGRESS AVE.	<del></del>	TITLE NAME STREE CITY- TITLE NAME	E ET ADDRESS -ST-ZIP		Florida	Department of Stat	
9. THE NAME STREET ADDRESS CHY-ST-ZIP HITLE NAME	MANAGING MEMBE MGR SCHWARTZ, RAYMOND 3015 S. CONGRESS AVE.	☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE	E ET ADDRESS -S1-ZIP		Florida	Department of Stat  CHANGES  Change	Addition
9.  THLE MAME STREET ADDRESS CHY-SI-ZIP HITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME	MANAGING MEMBE MGR SCHWARTZ, RAYMOND 3015 S. CONGRESS AVE.	☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME	E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP		Florida	Department of Stat  CHANGES  Change	Addition
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11. I nareby 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: May on E So 1967 4355 - SIGNATURE AND TYPES ON PRINTED NAME OF SIGNAND MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DOIS DEPIRED FOR &