

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116067

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: SCHMIER CROWE & TRUST 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: 20-8012160

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  
Address: 6111 BROKEN SOUND PKWY NW, STE 350  
City-St-Zip: BOCA RATON, FL 33487

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SCHMIER, JEFFREY L  
Address: 6111 BROKEN SOUND PKWY NW, STE 350  
City-St-Zip: BOCA RATON, FL 33487

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