2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED Apr 29, 2008 8:00 am Secretary of State

Melissa Crowe 4/25/08 (561)988-1982

DOCUMENT # L06000116087 1. Entity Name SCHMIER CROWE LLC							04-29-2008 90024 026 ***138.75					
Principal Plac 6111 BROKE BOCA RATON	EN SOUOND	PARKWAY NW, SUITE 35	Mailing Address 0 6111 BROKEN SOUONE BOCA RATON, FL 3348		way NW, Si	UITE 35		ssiis eim esm esm sem	8) 11881 1 19 18 8111		78 7 1 (li 1 78 1	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_	04242008	Chg-LLC	CR2E08	3 (12/06)		
City & State			City & State				4. FEI Number 20-8012			- 	oplied For ot Applicable	
Zip	p Country		Zip Country		try		5. Certificate of Status Desired S5.00 Additional Fee Required					
	6. Name	and Address of Current	Registered Agent			7. Name and Address of New Registered Agent						
CDOME N	MELICOA				Name							
CROWE, MELISSA 6111 BROKEN SOUND PKWY, NW STE 350 BOCA RATON, FL 33487					Street Address (P.O. Box Number is Not Acceptable)							
		<i>:</i>			City				FL	Zip Cod	e	
8. The above the obligat	named entit	y submits this statement fo	or the purpose of changing its	register	ed office or	registere	ed agent, or both	n, in the State of Flo		ımiliar with,	and accept	
SIGNATURE .	<i>2</i> 4	or printed name of registered agent	NOTE and title if andicable. (NOTE	Bacistara	d Apent signar	ro raquirad	when reinstating)		DATE			
	pg nature, typec	or printed frame of registered again	and the iii applicable. (NO1E	. negistere	a waani signali	re required	when reinstating)		DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							Make check payable to Florida Department of State					
		MANAGING MEMBE	ERS/MANAGERS	10.	**	_		ADDITIONS/	CHANGES			
9.										Channe	Addition	
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