

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 09, 2008 8:00 am
Secretary of State

04-28-2008 90029 027 ***138.75

DOCUMENT # L07000103342 1. Entity Name SCHWERER MANAGEMENT, LLC			
Principal Place of Business 1504 S INDIAN RIVER DR FT PIERCE, FL 34950		Mailing Address 1504 S INDIAN RIVER DR FT PIERCE, FL 34950	
2. Principal Place of Business - No P.O. Box # 1504 S. INDIAN RIVER DR Suite, Apt. #, etc.		3. Mailing Address PO BOX 14980 Suite, Apt. #, etc.	
City & State FORT PIERCE FL		City & State FORT PIERCE FL	
Zip 34950	Country US	Zip 34979	Country US
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ABERNETHY, BRUCE R JR 500 VIRGINIA AVE STE 202 FT PIERCE, FL 32982		7. Name and Address of New Registered Agent Name: N/A 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: <u><i>John Schwerer</i></u> DATE: <u>9/4/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHWERER, JOHN A 1504 S INDIAN RIVER DR FT PIERCE, FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>John Schwerer</i></u>		Date: <u>9/4/08</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

ATTACHMENT
30011217
L07000103342

September 5, 2008

To: Florida Department of State
Division of Corporations

From: Schwerer Management, LLC

Enclosed please find a corrected annual report for Schwerer Management, LLC. We respectfully submitted this report on March 29, 2008 along with check #1095. The check was cashed by the Department of State and we assumed the LLC was up to date. We did not receive notice of a problem with the annual report form until now.

Thank you.