

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90159 014 \*\*\*\*50.00

**DOCUMENT # M01000000335**

1. Entity Name

**SCHROEDER & PARTNERS LLC**



Principal Place of Business

Mailing Address

% KARP & GENAUER P.A.  
2 ALHAMBRA PLAZA, SUITE 1202  
CORAL GABLES FL 33134

% KARP & GENAUER P.A.  
2 ALHAMBRA PLAZA, SUITE 1202  
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1065328**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALHAMBRA REGISTERED AGENTS, INC.  
2 ALHAMBRA PLAZA, SUITE 1202  
CORAL GABLES FL 33134

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**SCHROEDER, PETER L**  
**90 ALTON ROAD**  
**MIAMI BEACH FL 33139** *(ADDRESS CHANGE)*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*20 ISLAND AVENUE #517*  
*MIAMI BEACH FL 33139*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*P. Schroeder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*2/19/03 (305) 445 3545*

CR2E083 (10/02)