

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 19, 2005 8:00 am**  
**Secretary of State**

07-19-2005 90011 002 \*\*\*\*50.00

**DOCUMENT # M03000002217**

1. Entity Name  
**SCHWERIN ASSET ADVISORS, LLC**



Principal Place of Business  
**667 OCEAN ROAD  
VERO BEACH, FL 32963**

Mailing Address  
**667 OCEAN ROAD  
VERO BEACH, FL 32963**

**20064811**



2. Principal Place of Business

3. Mailing Address  
**c/o Related Properties**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**2 Manhattanville Road**

07062005 Chg-LLC CR2E083 (10/03)

City & State

City & State  
**Purchase, New York**

4. FEI Number  
**03-0449738**

Applied For  
Not Applicable

Zip

Country

Zip  
**10577**

Country  
**USA**

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

**CALDWELL, WILLIAM W ESQ.  
756 BEACHLAND BOULEVARD  
VERO BEACH, FL 32963**

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

**Filing Fee is \$50.00  
Due by September 7, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SCHWERIN, WARREN L  
% TWO MANHATTANVILLE ROAD  
PURCHASE, NY 105772118** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Warren L. Schwerin**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**July 6, 2005 914-694-1090**  
Date Daytime Phone #