


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 17, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000100293 1. Entity Name LIABILITY MANAGEMENT CORPORATION	
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Principal Place of Business 1560 SAWGRASS CORPORATE PARKWAY 4TH FLOOR SUNRISE, FL 33323	Mailing Address 1560 SAWGRASS CORPORATE PARKWAY 4TH FLOOR SUITE 465 SUNRISE, FL 33323
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05132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0561465	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHWEITZER, ANDY I 9810 NORTHWEST 10TH COURT PLANTATION, FL 33322

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWEITZER, AMNON I P.O. BOX 451178 SUNRISE, FL 333451178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P HAYMON, STEVEN E PRES. P.O. BOX 451178 SUNRISE, FL 333451178
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05/17/05-80003-009 158.75

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #