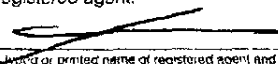
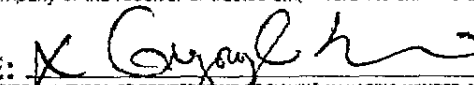


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000015511 1. Entity Name GREGORY C. SCHMIDT LLC					
Principal Place of Business 15310 NATURE'S POINT LANE WELLINGTON FL 33414			Mailing Address 15310 NATURE'S POINT LANE WELLINGTON FL 33414		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 30-0233751	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applied	
6. Name and Address of Current Registered Agent SCHMIDT, GREGORY C 15310 NATURE'S POINT LANE WELLINGTON FL 33414				7. Name and Address of New Registered Agent 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:  (NOTE: Registered Agent signature required when reappointing) DATE:					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006			000000500252 04/25/06-80014-022 50.00		
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHMIDT, GREGORY C 15310 NATURE'S POINT LANE WELLINGTON FL 33414	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 

4/6/06