## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

| DOCUMENT | #L | 000 | 00 | 00 | 04 | 98 |
|----------|----|-----|----|----|----|----|
|----------|----|-----|----|----|----|----|

1. Entity Name

SCHMIDT INTERNATIONAL, LLC



Principal Place of Business

2226 SR 580

CLEARWATER, FL 33763

Mailing Address

2226 SR 580

CLEARWATER, FL 33763



## DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3620602

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUMPHRIES, J. GREGORY ESQ. 300 SOUTH ORANGE AVENUE SUITE 100 ORLANDO, FL 32801-3373

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

|  | •   | \$   | J.  |  | <u></u>  | 4-4-5  |  |
|--|---|--|---|--|--|--|--|
|  | named entity submits this stateme<br>ions of registered agent,  | nt for the purpose of chang  | ereteiger eti pnit  | d office or registered   | agent, or both, in the   | e State of Florida 1 :                               | m familiar with, and accep                               |
| SIGNATURE_                                     |   | ு ஆடிய   |   | <u>\$</u>  | <u></u>  |  |  |
|  | Signature, typed or printed name of registered  | agent and title if applicable.   | (NOTE, Registered   | Agent signatus raquised whe  | n reinstating)   | ੍ਰ <b>DA</b>   | E.,  |
| Fi   | iling Fee is \$50.00<br>ue by May 1, 2006   |  |   |  |  |  |  |
| 9.   | MANAGING ME   | MBERS/MANAGERS   |   | · .  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SCHMIDT, ROBERT E JR<br>2226 SR 580<br>CLEARWATER, FL 33763  |  |   | ·  |  | 1100000384   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |  |   | - ,  | 01<br>   | /13/06-800<br>                                       | 28-006 50.00   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CYTY-SI-ZIP |   |  |   | , "  | DO NO  | OT WRIT  | ΤE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |   | » به داده در این استان این این این این این این این این این ا             | IN THI   | S SPAC   | E  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |  |   | ow were the  |  | <del></del>  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |   |  |  |  |  |
| 11. I hereby of indicated limited lia          | certify that the information supplied<br>on this report is true and accurate<br>bility company or the receiver of t | d with this filing does not que and that my signature shoustee empowered to exec | ualify for the exe<br>all have the sam<br>ute this report a | emptions contained in<br>e legal effect as if ma<br>s required by Chapte | Chapter 119, Floridade under oath, that<br>r 608, Florida Statut | da Statutes. I further<br>t I am a managing r<br>es. | certify that the information<br>nember or manager of the |