


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

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|--|--|---|
| DOCUMENT # L01000022617 1. Entity Name BULOVA DRIVE APARTMENTS LLC | |  |
| Principal Place of Business 115 BULOVA DRIVE S APOPKA, FL 32703 | Mailing Address 1782 MARKHAM GLEN CIRCLE LONGWOOD, FL 32779 | |
| DO NOT WRITE IN THIS SPACE | | |
| 5. Name and Address of Current Registered Agent SCHOEFFEL, CHRISTOPHER 1782 MARKHAM GLEN CIRCLE LONGWOOD, FL 32779 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | |
| 9. MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SCHOEFFEL, CHRISTOPHER 1782 MARKHAM GLEN CIRCLE LONGWOOD, FL 32779 | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM IM, ANGELA 1782 MARKHAM GLEN CIRCLE LONGWOOD, FL 32779 | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Christopher Schaeffel</u> 4/20/06 407 620 15 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | |



04202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

U00000530844
05/06/06-80014-018 50.00