


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000013257</b>					
1. Entity Name BRYAN SCHUTZ PROPERTIES, L.L.C.					
Principal Place of Business 510 EAST ZARAGOZA STREET PENSACOLA FL 32501			Mailing Address 6806 SEYBOLD RD MADISON WI 53719		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. # etc.		Suite, Apt. # etc.			
City & State		City & State		4. FEI Number 02-0617707	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH, G. THOMAS 510 EAST ZARAGOZA STREET PENSACOLA FL 32501			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAM COLEMAN BRYAN		NAME		
STREET ADDRESS	BOX 2006		STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN 37901		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHUTZ, DAVID A		NAME		
STREET ADDRESS	6806 SEYBOLD ROAD		STREET ADDRESS		
CITY-ST-ZIP	MADISON WI 53719		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		



MOORE CR2E083 (11/03)

4. FEI Number 02-0617707 Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

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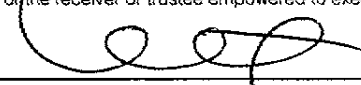
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 01/28/04-80061-021 250.00

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:**  **1/22/04 608-273-9808**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #