

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90181 036 ****50.00

DOCUMENT # L02000013257

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**

DO NOT WRITE IN THIS SPACE



02092007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
02-0617707

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, G. THOMAS
510 EAST ZARAGOZA STREET
PENSACOLA, FL 32501**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
WILLIAM COLEMAN BRYAN
BOX 2006
KNOXVILLE, TN 37901**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SCHUTZ, DAVID A
6806 SEYBOLD ROAD
MADISON, WI 53719**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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: _____

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

Date _____

Daytime Phone # _____