
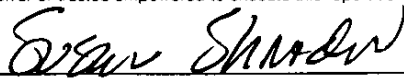


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90079 014 ****50.00

DOCUMENT # L03000010126 1. Entity Name SHRODER, CORBETT, AMUSO, LLC					
Principal Place of Business 3423 LA PALOMA AVENUE SARASOTA, FL 34242			Mailing Address 3423 LA PALOMA AVENUE SARASOTA, FL 34242		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-2332457	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SABA, RICHARD D ESQ SABA & KING 2033 MAIN STREET, SUITE 303 SARASOTA, FL 34237			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHRODER, MICHAEL 3423 LA PALOMA AVENUE SARASOTA, FL 34242	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORBETT, SCOTT 5338 SIESTA COVE DRIVE SARASOTA, FL 34242	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMUSO, LANCE 2320 TALL OAK COURT SARASOTA, FL 34232	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORBETT, SCOTT 5338 SIESTA COVE DRIVE SARASOTA, FL 34242	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORBETT, SCOTT 5338 SIESTA COVE DRIVE SARASOTA, FL 34242	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORBETT, SCOTT 5338 SIESTA COVE DRIVE SARASOTA, FL 34242	<input type="checkbox"/> Delete			
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, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 3/1/07					
Daytime Phone #: 941-349-3032					