


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L03000011921
 1. Entity Name
 SCHOENROCK CONSULTING GROUP, LC



Principal Place of Business 1349 WHITNEY ISLES DRIVE WINDERMERE, FL 34786	Mailing Address 1349 WHITNEY ISLES DRIVE WINDERMERE, FL 34786
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DO NOT WRITE IN THIS SPACE



03292004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0675245	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 SCHOENROCK, KEVIN
 7320 WESTPOINTE BLVD., #522
 ORLANDO, FL 32835

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$50.00 Due by May 1, 2004

L00000105359
04/07/04-80022-D17 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHOENROCK, KEVIN 7320 WESTPOINTE BLVD #522 ORLANDO, FL 32835
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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:  **4/2/04** **407 884 3452**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #