

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011921

**FILED**  
**Jul 30, 2005**  
**Secretary of State**

**Entity Name:** SCHOENROCK CONSULTING GROUP, LC

**Current Principal Place of Business:**

1349 WHITNEY ISLES DRIVE  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

1349 WHITNEY ISLES DRIVE  
WINDERMERE, FL 34786

**New Mailing Address:**

**FEI Number:** 02-0675245      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SCHOENROCK, KEVIN  
7320 WESTPOINTE BLVD., #522  
ORLANDO, FL 32835 US

**Name and Address of New Registered Agent:**

SCHOENROCK, KEVIN  
1349 WHITNEY ISLES DRIVE  
WINDERMERE, FL 34786 US

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.

SIGNATURE: \_\_\_\_\_

07/30/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHOENROCK, KEVIN  
Address: 7320 WESTPOINTE BLVD #522  
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SCHOENROCK, KEVIN  
Address: 1349 WHITNEY ISLES DRIVE  
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEVIN SCHOENROCK

MGRM

07/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date