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Mar 11, 2004 8:00 am
Secretary of State
02-27-2004 90194 006 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

2

DOCUMENT # L03000012960

1. Entity Name
LINDA D. SCHOONOVER, LLC

34001406

Principal Place of Business	Mailing Address
370 CENTER POINTE CIRCLE #1154 ALTAMONTE SPRINGS,, FL 32701 US	370 CENTER POINTE CIRCLE #1154 ALTAMONTE SPRINGS,, FL 32701 US

2. Principal Place of Business	3. Mailing Address
982 DOUGLAS AVE	982 DOUGLAS AVE
Suite, Apt. #, etc. SUITE-104	Suite, Apt. #, etc. SUITE. 104
City & State ALTAMONTE SPRINGS FL	City & State ALTAMONTE SPRINGS FL
Zip 32714 Country USA	Zip 32714 Country USA

01062004 Chg-LLC CR2E083 (10/03)

4. FEI Number 37-1463780 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHOONOVER, LINDA D 111 HUNTER'S TRAIL LONGWOOD, FL 32779	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 Linda D Schoonover 2/10/04
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGRM NAME WILLIAM D. CARLEY TR STREET ADDRESS 111 HUNTERS TR CITY-ST-ZIP LONGWOOD FL 32779	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGRM NAME LINDA D. Schoonover STREET ADDRESS 111 HUNTERS TR CITY-ST-ZIP LONGWOOD FL 32779	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Linda D Schoonover 2/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #