

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000012960

**FILED**  
**Jun 22, 2006**  
**Secretary of State****Entity Name:** LINDA D. SCHOONOVER, LLC**Current Principal Place of Business:**982 DOUGLAS AVE.  
STE. 104  
ALTAMONTE SPRINGS, FL 32714 US**Current Mailing Address:**982 DOUGLAS AVE.  
STE. 104  
ALTAMONTE SPRINGS, FL 32714 US**New Principal Place of Business:**1301 S. INTERNATIONAL PARKWAY  
STE. 1041  
LAKE MARY, FL 32746 US**New Mailing Address:**1301 S. INTERNATIONAL PARKWAY  
STE. 1041  
LAKE MARY, FL 32746 US**FEI Number:** 37-1463780**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SCHOONOVER, LINDA D  
111 HUNTER'S TRAIL  
LONGWOOD, FL 32779 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**Title: MGRM ( ) Delete  
Name: CARLEY, WILLIAM D  
Address: 111 HUNTERS TRL.  
City-St-Zip: LONGWOOD, FL 32779Title: MGRM ( ) Delete  
Name: SCHOONOVER, LINDA D  
Address: 111 HUNTERS TRL.  
City-St-Zip: LONGWOOD, FL 32779**ADDITIONS/CHANGES:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: WILLIAM D. CARLEY, JR.

MGRM

06/22/2006

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