


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90047 020 \*\*\*\*55.00

<b>DOCUMENT # L03000015834</b>					
1. Entity Name <b>MARILYN SCHOTT, LLC</b>					
Principal Place of Business <b>2110 TOCOBAGA LANE NOKOMIS, FL 34275</b>			Mailing Address <b>2110 TOCOBAGA LANE NOKOMIS, FL 34275</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>57-1166368</b>	
				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SCHOTT, MARILYN 2110 TOCOBAGA LANE NOKOMIS, FL 34275</b>				7. Name and Address of New Registered Agent	
				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: _____ (NOT: Registered Agent signature required when registering)					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARILYN SCHOTT, LLC 2110 TOCOBAGA LN NOKOMIS, FL 34275	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Marilyn Schott</i>			941-321-2999		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
MARILYN SCHOTT, LLC MANAGING MEMBER					

ATTACHMENT

20039857

#103006015834

**LAW OFFICES**

**BOONE, BOONE, BOONE, KODA & FROOK, P.A.**

**P.O. BOX 1596**

**VENICE, FLORIDA 34284**

**ESTABLISHED 1958**

E.C. (DAN) BOONE  
JEFFERY A. BOONE  
STEPHEN K. BOONE  
CHARLES D. MINES  
JOHN S. KODA  
PEGGY S. FROOK

**STREET ADDRESS.**  
1001 AVENIDA DEL CIRCO 34285  
**TELEPHONE** (841) 488-8718  
**FAX** (841) 488-7079  
email: [adm@boone-law.com](mailto:adm@boone-law.com)

## FACSIMILE COVER LETTER

**FAX TELEPHONE NUMBER:** 412-3300

NUMBER OF PAGES, INCLUDING THIS PAGE: 3

DATE: April 28, 2006

TO: Marilyn Schott

FROM: *Alison Marsicaetero*/Real Estate Dept.  
of Boone, Boone, Boone, Koda & Frook, P.A.

**Re: Marilyn Schott, LLC Annual Report**

Please find attached your Annual Report form that needs to be in the mail no later than today along with the check to avoid any further fees.

**If you have any questions or concerns, please do not hesitate to contact me.**

Kind regards,  
Alison

*This facsimile contains PRIVILEGED AND CONFIDENTIAL information intended only for the use of the addressee(s) named above. If you are not the intended recipient of this facsimile, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination or copying of this facsimile is strictly prohibited. If you have received this facsimile in error, please IMMEDIATELY notify us by telephone and return the original facsimile to us at the above address via U.S. Mail. Thank you.*

IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL BACK AS SOON AS POSSIBLE (941) 488-6716.