

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055178

FILED  
Jul 10, 2008  
Secretary of State

Entity Name: GEOFFREY B. SCHNAKE, LLC

**Current Principal Place of Business:**

14229 W ST. MARTINS RD  
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

**Current Mailing Address:**

14229 W ST. MARTINS RD  
CRYSTAL RIVER, FL 34429

**New Mailing Address:**

FEI Number: 02-0713583      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:**

MILLS, GLORIA J  
4123 HENDERSON BLVD.  
TAMPA, FL 33629      US

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

SCHNAKE, GEOFFREY B  
14229 W ST MARTIN RD  
CRYSTAL RIVER, FL 34429      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: GEOFFREY B SCHNAKE

07/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SCHNAKE, GEOFFREY B  
Address: 14229 W ST. MARTINS RD  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: MGR      ( ) Delete  
Name: KAMM, RICHARD  
Address: 5816 WHIPPORWILL DR  
City-St-Zip: TAMPA, FL 33625

Title: MGR      ( ) Delete  
Name: SCHNAKE, CHERYL  
Address: 14229 W ST. MARTINS RD  
City-St-Zip: CRYSTAL RIVER, FL 34429

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: GEOFFREY B SCHNAKE

MANA

07/10/2008

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