


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90022 018 ****50.00

DOCUMENT # L03000055624 1. Entity Name DON SCHMIDT CUSTOM BUILDER LLC			
Principal Place of Business 1086 GOLDEN ROD ROAD WELLINGTON FL 33414 US		Mailing Address 1086 GOLDEN ROD ROAD WELLINGTON FL 33414 US	
2. Principal Place of Business 1086 GOLDEN ROD RD.		3. Mailing Address SAME	
Suite, Apt. #, etc. -		Suite, Apt. #, etc. -	
City & State WELLINGTON, FL		City & State WELLINGTON, FL	
Zip 33414		Country U.S.	
4. FEI Number 34-6225960		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		1st MOORE CR2E083 (10/05)	
6. Name and Address of Current Registered Agent SCHMIDT, DONALD R 1086 GOLDEN ROD ROAD WELLINGTON FL 33414		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OBNSCHMIDT COST BLDRUS DON SCHMIDT, 1086 GOLDEN ROD ROAD WELLINGTON FL <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
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Donald R. Schmidt</u>		<u>Mar. 27, 2006</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	