


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000003891</b> <small>1. Entity Name</small> D. FRED SCHMIDT, LLC	
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<b>Principal Place of Business</b> 3570 HALDEMAN CREEK DR. NAPLES, FL 34112	<b>Mailing Address</b> 3570 HALDEMAN CREEK DR. NAPLES, FL 34112
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**DO NOT WRITE IN THIS SPACE**



0T062006No Chg-LLC      CR2E083 (11/05)

<b>4. FEI Number</b> 86-1093958	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

SCHMIDT, D. FRED  
3570 HALDEMAN CREEK DR.  
NAPLES, FL 34112

**DO NOT WRITE  
IN THIS SPACE**

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and file if applicable      (NOTE: Registered Agent signature required when reinstating)      **DATE** \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2006

<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM SCHMIDT, D. FRED 3570 HALDEMAN CREEK DR. NAPLES, FL 34112
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM SCHMIDT, GLENDA B 3570 HALDEMAN CREEK DR. NAPLES, FL 34112
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

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IN THIS SPACE**

100000492835  
04/19/06 80081-001 50.00

**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:** *D. Fred Schmidt*      **D. FRED SCHMIDT**      **4-3-06**      **(239) 417-2714**  
SIGNATURE AND TYPED OR PRINTED NAME OF SECOND MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE      Date      Entity Phone #

*Glenda B. Schmidt*      **GLENDA B. SCHMIDT**