



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90094 042 \*\*\*\*50.00

DOCUMENT # L04000005910					
<b>1. Entity Name</b> SCHELLACK ENTERPRISES INC LLC					
<b>Principal Place of Business</b> 300 SHEOAH BLVD 410 WINTERSPRINGS, FL 32708			<b>Mailing Address</b> 300 SHEOAH BLVD 410 WINTERSPRINGS, FL 32708		
<b>2. Principal Place of Business</b> 1377 Hyde Park Dr Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1377 Hyde Park Dr Suite, Apt. #, etc.		20003109 	
<b>City &amp; State</b> Winter Park FL		<b>City &amp; State</b> Winter Park FL		01172005    Chg-LLC    CR2E083 (10/03)	
<b>Zip</b> 32792		<b>Country</b> USA		<b>4. FEI Number</b> 20-0624644	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> SCHELLACK, RODNEY L 300 SCHEOH BLVD 410 WINTERSPRINGS, FL 32708			<b>7. Name and Address of New Registered Agent</b> Name: Schellack, Nancy M. Street Address (P.O. Box Number is Not Acceptable): 1377 Hyde Park Dr City: Winter Park FL Zip Code: 32792		
<b>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.</b>					
SIGNATURE: <u>Nancy M. Schellack</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <u>1-17-2005</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> SCHELLACK, RODNEY L <b>STREET ADDRESS</b> 300 SHEOAH #410 <b>CITY-ST-ZIP</b> WINTER SPRINGS, FL 32708	<del>Delete</del>		<b>TITLE</b> MGR <b>NAME</b> Schellack, Nancy M <b>STREET ADDRESS</b> 1377 Hyde Park Dr <b>CITY-ST-ZIP</b> Winter Park FL 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MRGM <b>NAME</b> SCHELLACK, NANCY M <b>STREET ADDRESS</b> 300 SHEOAH #410 <b>CITY-ST-ZIP</b> WINTER SPRINGS, FL 32708	<del>Delete</del>		<b>TITLE</b> MGR <b>NAME</b> Schellack, Nancy M <b>STREET ADDRESS</b> 1377 Hyde Park Dr <b>CITY-ST-ZIP</b> Winter Park FL 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
SIGNATURE: <u>Nancy M. Schellack</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE: <u>1-17-2005</u> DAYTIME PHONE #: <u>(407) 696-1300</u>		