

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000008370**

1. Entity Name  
**DAVID SCHATZ, L.L.C.**



Principal Place of Business <b>10233-106 AVE NO.#2          LARGO, FL 33773</b>	Mailing Address <b>10233-106 AVE NO.#2          LARGO, FL 33773</b>
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**DO NOT WRITE IN THIS SPACE**



04182007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>59-3359719</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHATZ, DAVID  
 10233-106 AVE NO.#2  
 LARGO, FL 33773**

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

**Filing Fee is \$50.00 Due by May 1, 2007**

U00000724026  
 05/02/07-80095-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SCHATZ, DAVID 10233-106 AVE NO.#2 LARGO, FL 33773</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *David R Schatz* DAVID R SCHATZ**      **4-20-07**      **727/397-9852**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING/MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #