


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000010985</b> 1. Entity Name <b>SCHISSLER, L.L.C.</b>	
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Principal Place of Business <b>619 PITTS BAYSHORE DR. FREEPORT, FL 32439 US</b>	Mailing Address <b>P.O. BOX 288 FREEPORT, FL 32439 US</b>
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**DO NOT WRITE IN THIS SPACE**



01172007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-0725098</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  <b>SCHISSLER, FRANK 619 PITTS BAYSHORE DR. FREEPORT, FL 32439</b>
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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 <i>Frank Schissler</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<b>Frank Schissler</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<b>1-17-07</b> <small>DATE</small>
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**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHISSLER, FRANK 619 PITTS BAYSHORE DR. FREEPORT, FL 32439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHISSLER, GEORGE 489 WATERCOVE DR. FREEPORT, FL 32439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHISSLER, WILLIAM 244 E. MAIN ST. FREEPORT, FL 32439
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01/19/07-80026-018 50.00

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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: <i>Frank Schissler</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>Frank Schissler</b>	<b>1-17-07</b> <small>Date</small>	<b>850-835-4221</b> <small>Daytime Phone #</small>
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