
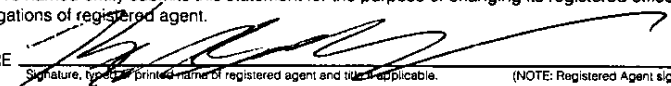
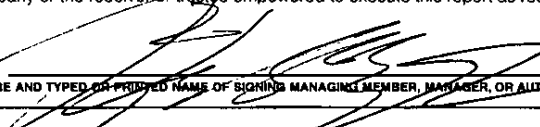


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90204 006 ****50.00

DOCUMENT # L04000015469 1. Entity Name KURT G. SCHIEBER, LLC					
Principal Place of Business 6288 4 WESTSHORE DRIVE FORT MYERS, FL 33907			Mailing Address 6288 4 WESTSHORE DRIVE FORT MYERS, FL 33907		
2. Principal Place of Business 6268-4 Westshore Dr Suite, Apt. #, etc.		3. Mailing Address 6268-4 Westshore Dr Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 86-1098524 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03192005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent SCHIEBER, KURT G 6288 4 WESTSHORE DRIVE FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6268-4 Westshore Dr. 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  DATE MARCH 22, 2005 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHIEBER, KURT G <input type="checkbox"/> Delete 6288 4 WESTSHORE DRIVE FORT MYERS, FL 33907		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6268-4 Westshore Dr.	
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	
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	
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	
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	
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	
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.					
SIGNATURE: 			DATE MARCH 22, 2005 (239) Daytime Phone # 482-1607		