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May 16, 2005 8:00 am
Secretary of State
05-16-2005 90039 047 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000028321

1. Entity Name
MARVIN A. SCHROCK CONSTRUCTION LLC

Principal Place of Business	Mailing Address
333 BEN FRANKLIN DR SARASOTA, FL 34236 US	333 BEN FRANKLIN DR SARASOTA, FL 34236 US

05042005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
2352 Siesta Dr.		2352 Siesta Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sarasota, Fl.		City & State: Sarasota, Fl.	
Zip: 34239	Country: USA	Zip: 34239	Country

4. FEI Number: 20-146-0957 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

W. R. KLEIN P.A.
1900 MAIN ST
SUITE 310
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SCHROCK, MARVIN A 333 BEN FRANKLIN DR SARASOTA, FL 34236	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Schrock, Marvin A. 2352 Siesta Dr Sarasota, Fl. 34239	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Schrock, Marvin A. 2352 Siesta Dr. Sarasota, Fl. 34239	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Marvin A. Schrock 5/9/05 941-953-2062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #