



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000029508</b> 1. Entity Name <b>DEUTSCHMAN, RUPPEL, WERSHOW, SCHNEIDER &amp; ARROYO, LLC</b>	
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Principal Place of Business <b>217 N. APOPKA AVE. INVERNESS, FL 34450 US</b>	Mailing Address <b>217 N. APOPKA AVE. INVERNESS, FL 34450 US</b>
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**DO NOT WRITE IN THIS SPACE**



02112008No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>20-1007385</b>	Applied For <input type="checkbox"/> 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**

**WERSHOW, JONATHAN F  
204 SE FIRST STREET  
GAINESVILLE, FL 32601**

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

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

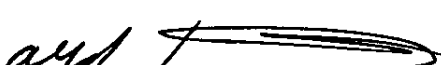
**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DEUTSCHMAN, ALFRED L 217 N. APOPKA AVENUE INVERNESS, FL 34450-425</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/27/08-80043-022 138.75

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:**  **3/10/08 352-344-3463**

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