

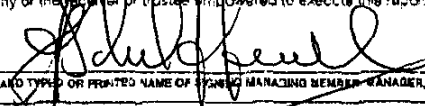
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LOWRY AND

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90041 040 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000045145					
1. Entity Name THE ALFRED J. SCHILPZAND LLC					
Principal Place of Business 2519 VINYARD LANE MIRAMAR BEACH, FL 32550-5806			Mailing Address 2519 VINYARD LANE MIRAMAR BEACH, FL 32550-5806		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FRI Number 20-1354800				Applied For Not Applicable	
5. Certificate of Status Desired ☐				55.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHILPZAND, ALFRED J 2519 VINYARD LANE MIRAMAR BEACH, FL 32550-5806			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 the filer is acceptable. (NOTE: Registered Agent signature required when requesting change.)					
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	PRESIDENT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ALFRED JOHAN SCHILPZAND		NAME		
STREET ADDRESS	2519 Vinyard Lane		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(d), 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 member or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		07/19/2005			
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date			