


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90205 030 ****55.00

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 - No P.O. Box # 3596 PRESERVE LANE Suite, Apt. #, etc.	3. Mailing Address 3596 PRESERVE LANE Suite, Apt. #, etc.
----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------

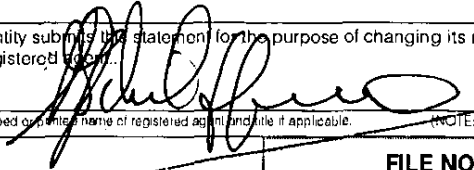
1st MOORE CR2E083 (10/06)

City & State MIRAMAR BEACH FL.	City & State MIRAMAR BEACH FL.
Zip 32550	Zip 32550
Country	Country

4. FEI Number 20-1354800	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 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 Schilpzand, Alfred J. Street Address (P.O. Box Number is Not Acceptable) 2519 3596 PRESERVE LANE MIRAMAR BEACH FL. City ↓ FL Zip Code 32550

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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE P	<input type="checkbox"/> Delete
NAME SCHILPZAND, ALFRED JOHAN	
STREET ADDRESS 2519 VINYARD LANE	
CITY-ST-ZIP MIRAMAR BEACH FL 32550	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Schilpzand, Alfred Johan	
STREET ADDRESS 3596 PRESERVE LANE	
CITY-ST-ZIP MIRAMAR BEACH 32550	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #