## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Mar 12, 2007 8:00 am **DOCUMENT # L04000074699 Secretary of State** SCHROFF FAMILY LLC 03-12-2007 90482 023 \*\*\*\*50.00 Principal Place of Business Mailing Address 4394 SUNSET BEACH DRIVE 4394 SUNSET BEACH DRIVE NICEVILLE, FL 32578 NICEVILLE, FL 32578 3. Mailing Address 1394 Sunset Beach Drive 2. Principal Place of Business - No P.O. Box # 1394 Sunset Beach Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 02272007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Niceville, FL Niceville, FL 20-1834657 Not Applicable Zip 32578 Country USA \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pitell, Lisa Y PITELL, LISA Y Street Address (P.O. Box Number is Not Acceptable) 4400 Highway 20 East, Suite 202 4 ELEVENTH AVENUE, SUITE ONE SHALIMAR, FL 32579 City Niceville 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 algorature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE TITLE ☐ Delete X Change ☐ Addition SCHROFF, HAROLD NAME NAME 1394 Sunset Beach Drive 4394 SUNSET BEACH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NICEVILLE, FL 32578 Niceville, FL 32578 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-7IP 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 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 empewered to execute this report as required by Chapter 608. Florida Statutes.

Harald School

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