2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT DOCUMENT # L04000078275** 1. Entity Name R L SCHOPFER, LLC Principal Place of Business Mailing Address **1804 MINNESOTA STREET 1804 MINNESOTA STREET** 60048168 PO BOX 6647 PO BOX 6647 BRADENTON, FL 34281 BRADENTON, FL 34281 02132007 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number **NOT APPLICABLE** 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WICKMAN & WYCKOFF, P.A.

FILED May 03, 2007 8:00 am Secretary of State

05-03-2007 90259 043 ****50.00

CR2E083 (11/05)

Applied For Not Applicable \$5.00 Additional

Fee Required

DO NOT WRITE 4909 MANATEE AVENUE WEST BRADENTON, FL 34209 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 Age	ant signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS			
NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHOPFER, RICHARD L 1804 MINNESOTA STREET/PO BOX 6647 BRADENTON, FL 34281			
THILE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE 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 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				

SIGNATURE: