

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90093 025 ****55.00

DOCUMENT # L04000089908					
1. Entity Name SCHULTZ ENTERPRISES, LLC					
Principal Place of Business 15807 ACORN CIRCLE TAVARES, FL 32778			Mailing Address 15807 ACORN CIRCLE TAVARES, FL 32778		
2. Principal Place of Business 37920 County Road 439		3. Mailing Address 37920 County Road 439			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Eustis, FL		City & State Eustis, FL		4. FEI Number 34-2030252	
Zip 32736-9715		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHULTZ, DAVID J 15807 ACORN CIRCLE TAVARES, FL 32778			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable) 37920 County Road 439		
City Eustis			FL Zip Code 32736-9715		
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 David J. Schultz Owner				DATE 4/4/05	
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHULTZ, DAVID J 15807 ACORN CIRCLE TAVARES, FL 32778		TITLE NAME STREET ADDRESS CITY-ST-ZIP	37920 County Road 439 Eustis, FL 32736-9715	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David J. Schultz Owner				DATE 4/4/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	