

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032380

**FILED**  
**Feb 16, 2006**  
**Secretary of State**

**Entity Name:** BETH-ANN SCHULMAN, LLC

**Current Principal Place of Business:**

221 S. MAGNOLIA AVENUE  
SANFORD, FL 32771

**New Principal Place of Business:**

203 E. THIRD STREET  
101  
SANFORD, FL 32771

**Current Mailing Address:**

221 S. MAGNOLIA AVENUE  
SANFORD, FL 32771

**New Mailing Address:**

203 E. THIRD STREET  
101  
SANFORD, FL 32771

**FEI Number:** 20-2608396

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHULMAN, BETH-ANN  
221 S. MAGNOLIA AVENUE  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

SCHULMAN, BETH-ANN  
203 E. THIRD STREET  
101  
SANFORD, FL 32771 US

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.

**SIGNATURE:**

02/16/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** SCHULMAN, BETH-ANN  
**Address:** 921 POWHATAN DRIVE  
**City-St-Zip:** SANFORD, FL 32771

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** SCHULMAN, BETH-ANN  
**Address:** 203 E. THIRD STREET, #101  
**City-St-Zip:** SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** BETH SCHULMAN

MRS

02/16/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date