

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032911

Entity Name: VOLKSWERKSTATT, LLC

FILED
Feb 19, 2006
Secretary of State

Current Principal Place of Business:

13180 N CLEVELAND AVE
111
N FT MYERS, FL 33903 US

Current Mailing Address:

PO BOX 152207
CAPE CORAL, FL 33915 US

New Principal Place of Business:

4222 FOWLER STREET
UNIT 4
FT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 34-2043734 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHUMACHER, TRACIE
13180 N CLEVELAND AVE
111
N FT MYERS, FL 33903 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHUMACHER, PETER
Address: 13180 N CLEVELAND AVE
City-St-Zip: N FT MYERS, FL 33903 US

Title: MGRM () Delete
Name: SCHUMACHER, TRACIE
Address: 13180 N CLEVELAND AVE
City-St-Zip: N FT MYERS, FL 33903 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: DONLEY, ANDREW J
Address: 120 SW 31ST ST
City-St-Zip: CAPE CORAL, FL 33914 US

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: PETER SCHUMACHER

MRGM

02/19/2006

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