


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90241 041 \*\*\*\*50.00

DOCUMENT # L05000035467					
1. Entity Name 240 POWER COURT LLC					
Principal Place of Business 240 POWER COURT #116 SANFORD, FL 32771			Mailing Address 240 POWER COURT #116 SANFORD, FL 32771		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>099-50-6534</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RICK, SCHEETZ 240 POWER COURT #116 SANFORD, FL 32771				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	managing member Rick J Schretz 5319 Lake Bluff Terr. Sanford, FL 32771		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	
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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 empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE <input checked="" type="checkbox"/> <i>Rick J Schretz</i>			Date		Daytime Phone #
			2/20/06		

20010110



02202006 Chg-LLC CR2E083 (11/05)

4. FEI Number **099-50-6534**

5. Certificate of Status Desired  \$5.00 Additional Fee Required

FL Zip Code

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to:  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

managing member  
Rick J Schretz  
5319 Lake Bluff Terr.  
Sanford, FL 32771

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change  Addition

TITLE  
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SIGNATURE  *Rick J Schretz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date  
2/20/06

Daytime Phone #