## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### DOCUMENT # L05000038486

1. Entity Name HELGA SCHONFELD TRUSTEE, LLC



FILED Feb 14, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

15 GREEN VIEW LANE HILLSBOROUGH, CA 94010 15 GREEN VIEW LANE HILLSBOROUGH, CA 94010



DATE

01172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2767220

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

ICARD, MERRILL, CULLIS, TIMM, FUREN, ET AL ATTN: F. THOMAS HOPKINS, ESQ. 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237

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	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.	
Sid	GNATURE	

(NOTE, Registered Agent signature required when reinstating)

#### Filing Fee is \$50.00 Due by May 1, 2007

Į	9.	MANAGING MEMBERS/MANAGERS
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHONFELD, HELGA 15 GREEN VIEW LANE HILLSBOROUGH, CA 94010
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ſ	11. I hereby o	certify that the information supplied with this filing does not qualify for the ex-

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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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date /

Daytime Phone ♥