



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90032 046 \*\*\*\*\*50.00

|  |  |                                 |   |  |  |
|--|--|---------------------------------|---|--|--|
| <b>DOCUMENT # L05000041994</b><br>1. Entity Name<br><b>SHIPCO, LLC</b>   |  |                                 |   |   |  |
| Principal Place of Business<br><b>5334 CENTRAL FLORIDA PARKWAY<br/>ORLANDO FL 32821</b>  |  |                                 | Mailing Address<br><b>5334 CENTRAL FLORIDA PARKWAY<br/>ORLANDO FL 32821</b> |  |  |
| 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<br><b>20-2768444</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |                                 |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent  |  |                                 |   | 7. Name and Address of New Registered Agent  |  |
| <b>BERKSON, GARY M<br/>111 NORTH ORANGE AVENUE, SUITE 1200<br/>ORLANDO FL 32801</b>  |  |                                 |   | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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: Representative Agent signature required when re-registering) _____ DATE _____   |  |                                 |   |  |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State.</b><br><b>Due By May 1, 2006</b>  |  |                                 |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |                                 | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>SCHELLER, ERIC B<br/>5148 PINE TOP PLACE<br/>ORLANDO FL 32819</b>   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>SCHELLER, LAURIE M<br/>5148 PINE TOP PLACE<br/>ORLANDO FL 32819</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  <b>Eric Scheller</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |                                 | <b>3/30/07</b><br><small>Date</small>                                       | <b>407-238-1000</b><br><small>Daytime Phone #</small>  |  |