

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045758

FILED  
Jul 08, 2008  
Secretary of State

Entity Name: SCHADOSTOR CONSULTING, LLC

## Current Principal Place of Business:

932 1ST STREET NORTH  
SUITE #402  
JACKSONVILLE BEACH, FL 32250 US

## New Principal Place of Business:

## Current Mailing Address:

932 1ST STREET NORTH  
SUITE #402  
JACKSONVILLE BEACH, FL 32250 US

## New Mailing Address:

932 1ST STREET NORTH  
SUITE #402  
JACKSONVILLE BEACH, FL 32250 US

FEI Number: 04-8549546

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHAEFER, DONNA L  
11 10TH AVENUE NORTH  
SUITE #3  
JACKSONVILLE BEACH, FL 32250 US

## Name and Address of New Registered Agent:

JONES, DONNA L  
932 1ST STREET NORTH  
SUITE #402  
JACKSONVILLE BEACH, FL 32250 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: DONNA L JONES

07/08/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SCHAEFER, DONNA L  
Address: 932 1ST STREET NORTH #402  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: JONES, DONNA L  
Address: 932 1ST STREET NORTH #402  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

I hereby certify that the information supplied with this filing does not qualify 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: DONNA L. JONES

MGRM

07/08/2008

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