

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055621

**FILED**  
**Feb 06, 2006**  
**Secretary of State**

**Entity Name:** C. J. SCHULTZ ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

603 INDIAN ROCKS RD.  
BELLEAIR, FL 33756

**New Principal Place of Business:**

212 WIMBLEDON CIRCLE  
HEATHROW, FL 32746 US

**Current Mailing Address:**

603 INDIAN ROCKS RD.  
BELLEAIR, FL 33756

**New Mailing Address:**

5224 WEST STATE ROAD 46  
#340  
SANFORD, FL 32771 US

**FEI Number:** 56-2518214

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUGGLES, THOMAS W ESQ.  
603 INDIAN ROCKS RD.  
BELLEAIR, FL 33756 US

**Name and Address of New Registered Agent:**

SCHULTZ, CAMELIA J  
212 WIMBLEDON CIRCLE  
HEATHROW, FL 32746 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:** CAMELIA J. SCHULTZ

02/06/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** SCHULTZ, CAMELIA J  
**Address:** 6656 CAMPTOWN CIRCLE  
**City-St-Zip:** HOUSTON, TX 77069

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** SCHULTZ, CAMELIA J  
**Address:** 212 WIMBLEDON CIRCLE  
**City-St-Zip:** HEATHROW, FL 32746

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:** CAMELIA J. SCHULTZ

MGRM

02/06/2006

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