
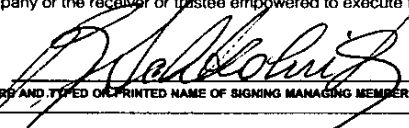


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90064 046 \*\*\*\*50.00

|  |  |                                 |  |  |   |
|--|--|---------------------------------|--|--|---|
| <b>DOCUMENT # L05000063046</b><br>1. Entity Name<br><b>SCHKOLNIK CONSULTING, LLC</b>   |  |                                 |  |   |   |
| Principal Place of Business<br><b>4240 GALT OCEAN DRIVE<br/># 1504<br/>FT. LAUDERDALE, FL 33308 US</b>   |  |                                 | Mailing Address<br><b>4240 GALT OCEAN DRIVE<br/># 1504<br/>FT. LAUDERDALE, FL 33308 US</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>20-3059003</b>   |  |                                 | Applied For<br><input type="checkbox"/> Not Applicable                                     |  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |                                 | <b>\$5.00 Additional Fee Required</b>  |  |   |
| 6. Name and Address of Current Registered Agent  |  |                                 |  | 7. Name and Address of New Registered Agent  |   |
| <b>SCHKOLNIK, RONALDO J<br/>4240 GALT OCEAN DRIVE<br/># 1504<br/>FT. LAUDERDALE, FL 33308</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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |                                 |  |  |   |
| <b>Filing Fee is \$50.00<br/>Due by September 6, 2006</b>  |  |                                 |  | <b>Make check payable to<br/>Florida Department of State</b>   |   |
| 9. MANAGING MEMBERS/MANAGERS   |  |                                 | 10. ADDITIONS/CHANGES  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGRM<br/>SCHKOLNIK, RONALDO J<br/>4240 GALT OCEAN DRIVE, #1504<br/>FT. LAUDERDALE, FL 33308</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 |
| 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 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. |  |                                 |  |  |   |
| <b>SIGNATURE:</b>   |  |                                 |  | <b>7/2/06</b><br>Date  |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |                                 |  | <small>Daytime Phone #</small>   |   |