

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075513

**FILED**  
**Jan 16, 2006**  
**Secretary of State**

**Entity Name:** SCHORR, L.L.C.

**Current Principal Place of Business:**

2400 N. UNIVERSITY DRIVE, STE. 205  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

2400 N. UNIVERSITY DRIVE, STE. 205  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

3537 BIMINI AVE  
COOPER CITY, FL 33026

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHORR, CARYN B  
2400 N. UNIVERSITY DRIVE, STE. 205  
PEMBROKE PINES, FL 33024 US

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

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHORR, CARYN B  
Address: 2400 N. UNIVERSITY DRIVE, STE. 205  
City-St-Zip: PEMBROKE PINES, FL 33024

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** CARYN SCHORR

MS

01/16/2006

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