## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

SIGNATURE

## May 22, 2008 8:00 am Secretary of State **DOCUMENT # L05000075639** 05-22-2008 90511 037 \*\*\*138.75 SCHUMACHER & CHAMBERLAIN COMMERCE MANAGEMENT, LLC Principal Place of Business Mailing Address 2229 N. COMMERCE PARKWAY 2229 N. COMMERCE PARKWAY WESTON, FL 33326 WESTON, FL 33326 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4611 S. UNIVERSITY DRIVE 04282008 CR2E083 (12/06) Chg-LLC **4611 S. UNIVERSITY DRIVE DAVIE, FL 33328** DAVIE, FL 33328 4. FEI Number Applied For 20-3254070 Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOSEPH ANTHONY RODRIGUEZ RODRIGUEZ, JOSEPH A 2229 N. COMMERCE PARKWAY **4611 SOUTH UNIVERSITY DRIVE** WESTON, FL 33326 **DAVIE. FL 33328** Zip Code 8. The above named entity submits this tajement to 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 FILE NOW!!! PEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State CONTINUE ICHANGES MANAGING MEMBERS/MANAGERS 9. 10. **MGRM** MGRM TITLE ☐ Addition ☐ Delete TITLE RODRIGUEZ, JOSEPH A JOSEPH ANTHONY RODRIGUEZ NAME NAME 4611 SOUTH UNIVERSITY DRIVE 2229 N. COMMERCE PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON, FL 33326 CITY-ST-ZIP **DAVIE, FL 33328 MGRM** MGRM ☐ Delete ☐ Addition PARAGONE, JOSEPH PARAGONE, JOSEPH NAME NAME 2229 N. COMMERCE PARKWAY STREET ADDRESS STREET ADDRESS 842 ASHMONT LANE CITY-ST-ZIP WESTON, FL 33326 CITY-ST-ZIP BOILING SPRINGS, SOUTH CAROLINA 29316 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this fling 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.

FILED