FILED **2007 LIMITED LIABILITY COMPANY** Mar 08, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # L06000032473 03-08-2007 90189 041 ****55.00 STEPHEN SCHROEDER SERVICES LLC Mailing Address Principal Place of Business 1846 5TH PLACE 1846 5TH PLACE VERO BEACH, FL 32962 VERO BEACH, FL 32962 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 CR2E083 (12/06) Chg-LLC City & State City & State Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHROEDER, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 1846 5TH PLACE VERO BEACH, FL 32962 City Zip Code the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE TITLE ☐ Delete ☐ Change

Applied For Not Applicable \$5.00 Additional 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 ☐ Addition SCHROEDER, STEPHEN NAME NAME STREET ADORESS 1846 5TH PLACE STREET ADDRESS VERO BEACH, FL 32962 CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ 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-7P CITY-ST-ZIP 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.

NE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED RE