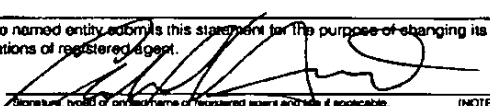
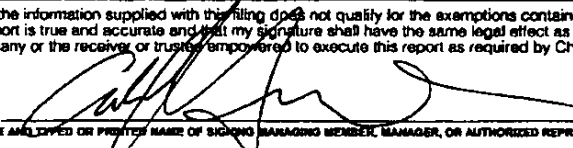


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/14/2007-90028-003-\$50.00-\$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -8 PM 1:53

DOCUMENT # L06000060115			
1. Entity Name SCHM, LLC			
Principal Place of Business 801 MAPLEWOOD DRIVE, SUITE 22-A JUPITER, FL 33458		Mailing Address 801 MAPLEWOOD DRIVE, SUITE 22-A JUPITER, FL 33458	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 261179863		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BERROCAL & WICKINS, P.A. 801 MAPLEWOOD DRIVE, SUITE 22-A JUPITER, FL 33458		7. Name and Address of New Registered Agent Jones, Foster, Johnston + Stukkos, P.A.	
8. The above named entity admits 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.		Street Address (P.O. Box Number is Not Acceptable)	
SIGNATURE 		City FL Zip Code	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERROCAL, CARLOS J 801 MAPLEWOOD DRIVE, SUITE 22-A JUPITER, FL 33458 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.			
SIGNATURE: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

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