2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # L06000090728** 04-30-2007 90050 044 ****50.00 SCHILLI CONSULTING, LLC Principal Place of Business Mailing Address 7294 BEDLINGTON ROAD 7294 BEDLINGTON ROAD 60043667 MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 Chg-LLC CR2E083 (12/06) 4. FEI Number City & State City & State Applied For 42-1714536 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHILLI, JOSEPH W Street Address (P.O. Box Number is Not Acceptable) 7294 BEDLINGTON ROAD MIAMI LAKES, FL 33014 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE Delete TITLE ☐ Change Addition SCHILLI, JOSEPH W NAME NAME 7294 BEDLINGTON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33014 CITY-ST-7(P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE Addition 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

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 305-825

NAME

STREET ADDRESS CITY-ST-2IP

SIGNATURE: Joseph W. Schille april 26 2007
SIGNATURE ON PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

Dat

NAME

STREET ADDRESS

CITY-ST-7IP

FILED