

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000092258

1. Entity Name
SCHLYER FAMILY LIMITED LIABILITY COMPANY



Principal Place of Business
**5205 WEST SHORE DRIVE
NEW PORT RICHEY, FL 34652-8008**

Mailing Address
**5205 WEST SHORE DRIVE
NEW PORT RICHEY, FL 34652-8008**



03172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3466775	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

**SCHLYER, ARTHUR M
5205 WEST SHORE DRIVE
NEW PORT RICHEY, FL 34652-8008**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000871848

04710-08-80005-020 138.75

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHLYER, ARTHUR M
STREET ADDRESS	5205 WEST SHORE DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 346528008

TITLE	
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CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-19-08

Date

(127) 847-1825

Daytime Phone #