


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90101 014 \*\*\*138.75

<b>DOCUMENT # L06000105675.</b>	
1. Entity Name <b>SCHMID DEVELOPMENT, LLC</b>	

Principal Place of Business <b>1230 OAKLEY SEAVER DRIVE, SUITE 200 CLERMONT, FL 34711</b>	Mailing Address <b>1230 OAKLEY SEAVER DRIVE, SUITE 200 CLERMONT, FL 34711</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02112008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-8805330**

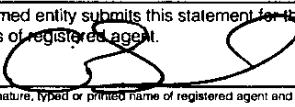
5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent	
<b>ALLARD, MICHAEL J 1230 OAKLEY SEAVER DRIVE, SUITE 200 CLERMONT, FL 34711</b>	

7. Name and Address of New Registered Agent	
Name <b>George M. Schmid</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1230 Oakley Seaver Drive</b>	
Suite -200-	
City <b>Clermont</b>	FL Zip Code <b>34711</b>

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.

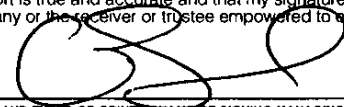
SIGNATURE  DATE **Feb 11, 2008**

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHMID, JOHN D 1230 OAKLEY SEAVER DRIVE, SUITE 200 CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHMID, GEORGE M 1230 OAKLEY SEAVER DRIVE, SUITE 200 CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KING, WAYNE S 1230 OAKLEY SEAVER DRIVE, SUITE 200 CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 **2-11-2008** (352) 243-3720

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