

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000016872

Entity Name: SCHLECHTER 2007, LLC

FILED  
Apr 22, 2008  
Secretary of State

## Current Principal Place of Business:

505 SOUTH FLAGLER DRIVE, SUITE 1100  
C/O DAVID E. BOWERS  
WEST PALM BEACH, FL 33401

## Current Mailing Address:

505 SOUTH FLAGLER DRIVE, SUITE 1100  
C/O DAVID E. BOWERS  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

C/O DAVID E. BOWERS, ESQ.  
505 SOUTH FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH, FL 33401

## New Mailing Address:

C/O DAVID E. BOWERS, ESQ.  
505 SOUTH FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH, FL 33401

FEI Number: 20-8577607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: SCHLECHTER, MICHAEL  
Address: STATE ROAD 715 NORTH  
City-St-Zip: BELLE GLADE, FL 33430

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL SCHLECHTER

MGR

04/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date