
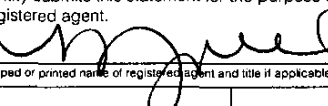



**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90033 003 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L07000027383</b>			
1. Entity Name <b>SCHRAMM INVESTMENTS, LLC</b>			
Principal Place of Business <b>16109 HILLSIDE CIRCLE MONTVERDE, FL 34756</b>		Mailing Address <b>16109 HILLSIDE CIRCLE MONTVERDE, FL 34756</b>	
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 <b>20-8188714</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired: <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MERIDETH C. NAGEL, P.A. 953 10TH STREET CLERMONT, FL 34711</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>450 E. Hwy 50, Ste 4</b> 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  <b>Merideth C. Nagel</b> DATE <b>4/30/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<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>	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUCKING, GORDON <input checked="" type="checkbox"/> Delete P.O. BOX 1000 MINNEOLA, FL 34755	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Carin Schramm <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 1000 Minneola, FL 34755 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHRAMM, CHRISTOPHER <input type="checkbox"/> Delete P.O. BOX 1000 MINNEOLA, FL 34755	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, JOHN <input checked="" type="checkbox"/> Delete P.O. BOX 1000 MINNEOLA, FL 34755	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  <b>Gordon Lucking</b>		Date <b>4-28-08</b> 352 394 7408 Daytime Phone #	