

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000027383

FILED
Apr 16, 2009
Secretary of State

Entity Name: SCHRAMM INVESTMENTS, LLC

Current Principal Place of Business:

16109 HILLSIDE CIRCLE
MONTVERDE, FL 34756

New Principal Place of Business:

Current Mailing Address:

16109 HILLSIDE CIRCLE
MONTVERDE, FL 34756

New Mailing Address:

PO BOX 1000
MINNEOLA, FL 34755

FEI Number: 20-8188714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERIDETH C. NAGEL, P.A.
450 E HWY 50 STE 4
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

SCHRAMM, CHRISTOPHER C
16109 HILLSIDE CIRCLE
MONTVERDE, FL 34756 US

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: CHRISTOPHER C SCHRAMM

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHRAMM, CARIN
Address: P.O. BOX 1000
City-St-Zip: MINNEOLA, FL 34755

Title: MGRM () Delete
Name: SCHRAMM, CHRISTOPHER
Address: P.O. BOX 1000
City-St-Zip: MINNEOLA, FL 34755

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHRAMM, CARIN
Address: 16109 HILLSIDE CIRCLE
City-St-Zip: MONTVERDE, FL 34756

Title: MGRM (X) Change () Addition
Name: SCHRAMM, CHRISTOPHER
Address: 16109 HILLSIDE CIRCLE
City-St-Zip: MONTVERDE, FL 34756

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: CHRISTOPHER C SCHRAMM

MGRM

04/16/2009

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