2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000002751

1. Entity Name
SCHICKEDANZ CAPITAL GROUP, L.L.C.

Principal Place of Business	Mailing Address
7741 N. MILITARY TRAIL, SUITE 1 PALM BEACH GARDENS, FL 33410	7741 N. MILITARY TRAIL, SUITE 1 PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

01062006No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-0878211
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHICKEDANZ, WALDEMAR K
7741 N. MILITARY TRAIL, SUITE 1
PALM BEACH GARDENS, FL 33410

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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) DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SCHICKEDANZ, W K
STREET ADDRESS	7741 N. MILITARY TRAIL, SUITE 1
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	MGR
NAME	SCHICKEDANZ, G H
STREET ADDRESS	7741 N. MILITARY TRAIL, SUITE 1
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	MGR
NAME	FLAIG, GUNTHER
STREET ADDRESS	7423 MITCHELL BLVD.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/06-80057-004 50.00

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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: W Schickedanz, Pres. 561-845-8797

SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE Schickedanz Capital Group, LLC
Waldemar Schickedanz, President

Date Daytime Phone #