

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90181 048 \*\*\*\*55.00

**DOCUMENT # M01000000335**

1. Entity Name

SCHROEDER & PARTNERS LLC



Principal Place of Business

% GLOBAL EXPANSION GROUP  
100 SE 2ND STREET / SUITE 2610  
MIAMI FL 33131

Mailing Address

% GLOBAL EXPANSION GROUP  
100 SE 2ND STREET / SUITE 2610  
MIAMI FL 33131



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

1st MOORE

CR2E083 (10/06)

4. FEI Number  
65-1065328

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GLOBAL EXPANSION & CONSULTING, LLC  
100 SE 2ND STREET / SUITE 2610  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 registering)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | MGR                | <input type="checkbox"/> Delete |
| NAME           | SCHROEDER, PETER L |                                 |
| STREET ADDRESS | 35 W DILLON DRIVE  |                                 |
| CITY, ST, ZIP  | MIAMI FL 33139     |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY, ST, ZIP  |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY, ST, ZIP  |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY, ST, ZIP  |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY, ST, ZIP  |                    |                                 |

10. ADDITIONS/CHANGES

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS | 1331 BRUCKEN BAY DRIVE # 1607                                     |
| CITY, ST, ZIP  |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY, ST, ZIP  |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY, ST, ZIP  |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY, ST, ZIP  |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY, ST, ZIP  |   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

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

Date

Daytime Phone #

2/11/07 786-2355000