2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M02000003294

1. Entity Name

SCHILLING & ASSOCIATES LLC



FILED Apr 02, 2007 08:00 AM Secretary of State

Principal Place of Business

10151 DEERWOOD PK. BLD. 200 SUITE 250

JACKSONVILLE, FL 32256

Mailing Address

630 TIMBER POND DR. PONTE VEDRA BEACH, FL 32082



03282007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3755176

Applied For Not Applicable

	•		5. Certificate of Status Desir	red S5.00 Additional Fee Required	
	6. Name and Address of Current Registered Agent		1		
SCHILLING, FREDERIC H 630 TIMBER POND DRIVE PONTE VEDRA BEACH, FL 32082			DO NOT IN THIS S		
8. The above the obligat	e named entity submits this statement for the purpose of chan tions of registered agent.	ging its registered office or registere	ed agent, or both, in the State	of Florida. I am familiar with, and accep	
SIGNATURE.	Signature, typed or printed name of registered agent and tide if applicable.	(NOTE, Registered Agent signature required	when reinstating)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2007			10687493 1-80042-016 50 00	
9, TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM SCHILLING, FREDERIC H 630 TIMBER POND DR. PONTE VEDRA BEACH, FL 32082				
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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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TUBE AND TYPED OR PRINTED NAME OF SIGN

3/30/04

88889/338/

Date