


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000001032 1. Entity Name SCHAUMBERG BUILDERS, LLC	
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Principal Place of Business 335 1/2 NORTH BROADWAY GREEN BAY WI 54303	Mailing Address 335 1/2 NORTH BROADWAY GREEN BAY WI 54303
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2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 47-0887781	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHAUMBERG, BRUCE 238 RIVERWOOD DRIVE CRESTVIEW FL 32536

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: *Bruce E. Schaumberg* DATE: 1-30-07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEES \$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: SCHAUMBERG, BRUCE STREET ADDRESS: 335 1/2 NORTH BROADWAY CITY-ST-ZIP: GREEN BAY WI 54303	
TITLE: MGR <input type="checkbox"/> Delete NAME: SCHAUMBERG, RYAN STREET ADDRESS: 335 1/2 NORTH BROADWAY CITY-ST-ZIP: GREEN BAY WI 54303	
TITLE: MGR <input type="checkbox"/> Delete NAME: SCHAUMBERG, GARY STREET ADDRESS: 335 1/2 NORTH BROADWAY CITY-ST-ZIP: GREEN BAY WI 54303	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	
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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: CITY-ST-ZIP:	U00000627462 02/15/07-80060-021 50.00
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: *Bruce E. Schaumberg* Date: 1-30-07 Daytime Phone #: 920-309-1361

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