

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001032

Entity Name: SCHAUMBERG BUILDERS, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

W2905 COUNTY RD. S
KAUKAUNA, WI 54130

New Principal Place of Business:

Current Mailing Address:

2260 S FERDON BLVD. #241
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 47-0887781 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCHAUMBERG, BRUCE
4 LAGUNA ST. SUITE 201
FORT WALTON BEACH, FL 32548 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHAUMBERG, BRUCE
Address: 4 LAGUNA ST. SUITE 201
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGR () Delete
Name: SCHAUMBERG, RYAN
Address: W2905 COUNTY RD. S
City-St-Zip: KAUKAUNA, WI 54130

Title: MGR () Delete
Name: SCHAUMBERG, GARY
Address: W2905 COUNTY RD. S
City-St-Zip: KAUKAUNA, WI 54130

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRUCE E SCHAUMBERG

MGR

05/01/2009

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