2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M0800001687

1. Entity Name SCHNABEL SOUTH, LLC



Principal Place of Business

1054 TECHNOLOGY PARK DRIVE GLEN ALLEN, VA 23059 Mailing Address

1054 TECHNOLOGY PARK DRIVE GLEN ALLEN, VA 23059

FILED Jan 31, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE 01042005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 81-0582679 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324

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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, 2005

9.	MANAĞINĞ MÊMBERS, MANAĞERS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MATHESON, GORDON M 9620 MADISON LEIGH COURT MECHANICSVILLE, VA 23111
TITLE NAME STREET ADDRESS CITY-ST-ZP	MGR DESTEPHEN, RAYMOND A 14502 MILL CREEK DR. MONTPELIER, VA 23192
TITLE NAME STREET ADDRESS CITY-ST ZIP	MGR WIRTH, GEORGE E 2522 LAWNSIDE ROAD TIMONIUM, MD 21093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPBELL, DAVID B 1130 ALEXANDER LANE WEST CHESTER, PA 19832
TITLE NAME STREET ADDRESS CITY-ST-2IP	MGR CLEMENTS, DAVID A 12208 HAMPTON VALLEY TURN CHESTERFIELD, VA 23832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONNER, STEVEN E 619 WOODLAND DRIVE BLACKBURG, VA 24060

11000008206371 02/01/05-80028-004 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), 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 fimited flability 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, OR AUTHORIZED REPRESENTATIVE

1/14/05

804.264.3222

Daylime Phone #