

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # M08000001687

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**



01162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

U000000666535
03/23/07-80074-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MATHESON, GORDON M
STREET ADDRESS	9144 RIGNEY TERR
CITY-ST-ZIP	GLEN ALLEN, VA 23060
TITLE	MGR
NAME	DESTEPHEN, RAYMOND A
STREET ADDRESS	14502 MILL CREEK DR.
CITY-ST-ZIP	MONTPELIER, VA 23192
TITLE	MGR
NAME	WIRTH, GEORGE E
STREET ADDRESS	2522 LAWN SIDE ROAD
CITY-ST-ZIP	TIMONIUM, MD 21093
TITLE	MGR
NAME	CAMPBELL, DAVID B
STREET ADDRESS	1130 ALEXANDER LANE
CITY-ST-ZIP	WEST CHESTER, PA 19832
TITLE	MGR
NAME	CLEMENTS, DAVID A
STREET ADDRESS	12208 HAMPTON VALLEY TURN
CITY-ST-ZIP	CHESTERFIELD, VA 23832
TITLE	MGR
NAME	CONNER, STEVEN E
STREET ADDRESS	619 WOODLAND DRIVE
CITY-ST-ZIP	BLACKBURG, VA 24060

**DO NOT WRITE
IN THIS SPACE**

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: _____

Sum Quinga

3/7/07

804-264-3222

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

Date

Daytime Phone #