

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # Z00140</b><br>1. Entity Name<br>SCHOONER OAKS LIMITED COMPANY |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>1185 LAKESHORE ROAD EAST<br>MISSISSAUGA, ONTARIO, CANADA<br>L5E 1G1, | Mailing Address<br>1185 LAKESHORE ROAD EAST<br>MISSISSAUGA, ONTARIO, CANADA<br>L5E 1G1, |
|---|---|

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03072005 No Chg-LLC

CR2E083 (10/03)

|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>98-0106166                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional<br>Fee Required |

|  |                                       |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>PORCH, C.E.<br>1273 NW SPRUCE RIDGE DRIVE<br>STUART, FL 34994 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2005**

U00000299667  
04/11/05-80118-006 200.00

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | M<br>NAPEV CONSTRUCTION LTD<br>1185 LAKESHORE RD E<br>MISSISSAUGA, ONTARIO,  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | M<br>VEPAN LEASHOLDS LIMITED<br>1185 LAKESHORE RD E<br>MISSISSAUGA, ONTARIO, |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **PETER SHISHKOV** **MARCH 9/05 (905) 274-0770**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #