

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011109

FILED  
Jan 16, 2008  
Secretary of State

Entity Name: SHEFFER PROPERTIES, LLC

**Current Principal Place of Business:**

4164 FRANCES DR.  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

4164 FRANCES DR.  
DELRAY BEACH, FL 33445

**New Mailing Address:**

FEI Number: 65-1149306

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAILE, SHAW & PFAFFENBERGER, P.A.  
11780 U.S. HWY 1, SUITE # 300  
NORTH PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

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: CEO ( ) Delete  
Name: SHEFFER, LOREN CEO  
Address: 1045 E ATLANTIC AVE SUITE 206  
City-St-Zip: DELRAY BEACH, FL 33483

Title: SVP ( ) Delete  
Name: FUZIA, NILA SVP  
Address: 1045 E ATLANTIC AVE SUITE 206  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES:**

Title: CEO (X) Change ( ) Addition  
Name: SHEFFER, LOREN CEO  
Address: 4164 FRANCES DRIVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: SVP (X) Change ( ) Addition  
Name: FUZIA, NILA SVP  
Address: 2600 COLONIAL BLVD  
City-St-Zip: FT. MYERS, FL 33907

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: NILA FUZIA

SVP

01/16/2008

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