

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90072 016 ****50.00

DOCUMENT # L05000086165					
1. Entity Name SHAFER PROPERTIES L.L.C.					
Principal Place of Business 3256 BONNETT POND ROAD CHIPLEY, FL 32428			Mailing Address 3256 BONNETT POND ROAD CHIPLEY, FL 32428		
2. Principal Place of Business		3. Mailing Address P.O. Box 203			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Wausau, FL		4. FEI Number 20-3371186	
Zip		Zip 32463		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
04112006 Chg-LLC CR2E083 (11/05)					
6. Name and Address of Current Registered Agent SHAFER, JOANNE A 3256 BONNETT POND RD. CHIPLEY, FL 32428			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 obligation of registered agent. SIGNATURE <u>Joanne A. Shafer</u> <u>Joanne A. Shafer</u> <u>04/11/06</u> <small>Signature, typed or printed name of registered agent as State if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAFA, JOANNE A 3256 BONNETT POND ROAD CHIPLEY, FL 32428 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAFA, STEVEN A 3256 BONNETT POND ROAD CHIPLEY, FL 32428 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 606, Florida Statutes.					
SIGNATURE: <u>Joanne A. Shafer</u> <u>Joanne A. Shafer</u> <u>04/11/06</u> <u>850/258-9857</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					