

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90095 004 \*\*\*138.75

**DOCUMENT # L00000015220**

1. Entity Name  
**SCHAIN PARTNERS, CERTIFIED PUBLIC  
ACCOUNTANTS, PL**



Principal Place of Business  
**2699 STIRLING ROAD, SUITE B206  
FORT LAUDERDALE, FL 33312**

Mailing Address  
**2699 STIRLING ROAD, SUITE B206  
FORT LAUDERDALE, FL 33312**

**60004923**



01112008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1061878**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SCHAIN, RONALD D  
2699 STIRLING ROAD, SUITE B206  
FORT LAUDERDALE, FL 33312**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SCHAIN, RONALD D
STREET ADDRESS	2699 STIRLING ROAD, B-206
CITY-ST-ZIP	FT LAUDERDALE, FL 33312
TITLE	MGR
NAME	SCHAIN, RONALD D
STREET ADDRESS	2699 STIRLING ROAD, B-206
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	MGRM
NAME	SCHAIN, MARC A
STREET ADDRESS	70 NORTH PARK ROAD
CITY-ST-ZIP	NEW PALM, NY 11761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** \_\_\_\_\_

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

Date

Daytime Phone #