


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90195 022 \*\*\*\*50.00

<b>DOCUMENT # L02000003163</b>	
1. Entity Name <b>NC SCHAFFER FLORIDA, LLC</b>	

Principal Place of Business <b>12022 WEST GREENWAY DRIVE #104 ROYAL PALM BEACH FL 33411</b>	Mailing Address <b>12022 WEST GREENWAY DRIVE #104 ROYAL PALM BEACH FL 33411</b>
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2. Principal Place of Business <b>9590 LANTERN BAY Circle</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>West Palm Beach, FL</b>	City & State <b>1</b>
Zip <b>33411</b>	Country <b>U.S.A</b>



MOORE CR2E083 (11/03)

4. FEI Number <b>01-0596748</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate or Status Desired <input type="checkbox"/> \$5.00-Additional Fee Required		
6. Name and Address of Current Registered Agent <b>SCHAFFER, NATHAN 12022 WEST GREENWAY DRIVE #104 ROYAL PALM BEACH FL 33411</b>		7. Name and Address of New Registered Agent Name <b>Mr &amp; Mrs N. Schaffer</b> Street Address (P.O. Box Number is Not Acceptable) <b>9590 Lantern Bay Circle</b> City <b>West Palm Beach, FL 33411</b> Zip Code <b>FL</b>

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 Nathan Schaffer **NATHAN SCHAFFER** **2/24/04**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHAFFER, NATHAN 122022 W. GREENWAY DRIVE #104 ROYAL PALM BEACH FL 33411 <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	VS SCHAFFER, CLAUDETTE 12022 W. GREENWAY DRIVE #104 ROYAL PALM BEACH FL 33411 <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
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

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: Nathan Schaffer **NATHAN SCHAFFER** **2/24/04** **561-798-3675**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #